Service Study
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BOSTON UNIVERSITY SCHOOL OF EDUCATION

AN INVESTIGATION OF THE EFFORTS TO PREPARE STUDENT NURSES FOR HEALTH TEACHING USED BY A COLLEGIATE SCHOOL OF NURSING

A Service Study

Submitted by

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CHAPTER I

THE PROBLEM AND EXPLANATION OF RELATED CONCEPTS

Introduction. This chapter presents a curriculum problem that is concerned with the preparation of student nurses for health teaching activities. It contains an explanation of the related underlying concepts of professional nursing, nursing education, health education, the nurses' part in health education, the preparation of teachers, and preparation for health education. References to literature and community and personal observations are used to justify the problem.

Chapter II will summarize the essential points from related studies and articles. Chapter III will describe the general outlines of the school studied and the procedures contrived and followed for securing data. Chapter IV will contain an analysis of the data obtained. Chapter V will deal with conclusions made regarding the present activities that contribute to the preparation of the student nurse for health teaching. Chapter VI will present a plan for applying recommendations in future practices of the school.

I. THE PROBLEM

Statement of the problem. It was the purpose of this study to determine what efforts were being made by a collegiate school of nursing to prepare student nurses for health teaching. The study attempted to locate the efforts made to direct student learning toward (1) the acquisition of knowledge of subject material essential to health teaching, (2) the development of an understanding of the social influences related to health, (3) the acquisition of knowledge of the teaching process, and (4) the development of skill in teaching patients. It also attempted to locate the measures used to evaluate student accomplishment in health teaching.

Reasons for undertaking the study. Although not expected to carry overall health education responsibilities to the extent required of health educators, it has been established that nurses must carry health teaching functions. This point was substantiated by the references discussed in the following section on the concepts underlying the problem.

Evidence was found in the literature reviewed in chapter two that many recommendations had been made to the profession as a whole concerning the nurse's preparation for health teaching and that some studies had shown that nurses

performed inadaquately as health teachers.

Some local directors of nursing service and nursing supervisors openly stated in conversation that nurses were not doing enough health teaching.

In the school selected for study, even more significant were the comments of Visiting Nurse Association Supervisors who in written reports[1] of the work of senior students indicated that many did not recognize or utilize teaching opportunities until they had considerable coaching in that agency. Most revealing of all were the frequent comments of students themselves concerning hospital experiences. They claimed little or no teaching of patients because they were "too busy" and because they did not know what they were "allowed to teach".

It was concluded that the availability of recommendations as to how nurses should be prepared for health teaching and some evidence of doubtful practice justified an investigation of the efforts actually being used within a curriculum in order that a later adjustment of the curriculum could be made to improve results, if necessary.

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1 Private records evaluating student nurse performance.

II. RELATED CONCEPTS

In order that the problem of determining how student nurses were being prepared for health teaching by a collegiate school of nursing be clearly understood, it was considered desirable to examine the concepts underlying the terms used in stating the problem.

Professional nursing and its preparation. Since the student nurses were those in a program of preparation for professional nursing, it was necessary to establish the meaning of "professional nurse" to be accepted. One of the most recently presented and widely promoted descriptions of the professionally desirable nurse was that prepared by a representative group of nineteen graduate nurses and reported by Brown.[2] This definition did not vary essentially from other definitions in content, but in emphasis cast both the meeting of community health needs and professionalism in a stronger light than before.

> It is the opinion of this group that in the latter half of the twentieth century, the professional nurse will be one who recognizes and understands the fundamental (health) needs of a person, sick or well, and who knows how these needs can best be met. She will possess a body of scientific nursing knowledge which is based upon and keeps pace with general scientific advancement, and she

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2 Esther Lucille Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), pp. 73-74.

will be able to apply this knowledge in meeting the nursing needs of a person and a community. She must possess that kind of discriminative judgment which will enable her to recognize those activities which fall within the area of professional nursing and those activities which have been identified with the fields of other professional or non-professional groups.

She must be able to exert leadership in at least four different ways: (1) in making her unique contribution to the preventive and remedial aspects of illness; (2) in improving those nursing skills already in existence and developing new nursing skills; (3) in teaching and supervising other nurses and auxiliary workers; and (4) in cooperating with other professions in planning for positive health on community, state, national, and international levels.[3]

By a collegiate school of nursing was meant one existing within a college or university capable of indicating the satisfactory completion of programs of study by the conferring of recognized degrees and aiming its program toward the goals described by Dr. Brown in the following manner.

Two distinct but closely interrelated kinds of preparation that only higher education is broadly equipped to provide are essential for the making of such a nurse. The first is the laying of a foundation that permits continuing growth of many kinds, such as in: positive health and integration of the personality; insight into one's own motivation, the behavior of others, and cultural patterns that condition human behavior; ability to use spoken and written language effectively as a method of communication; skill in analysis of problems, methods of obtaining needed data, and formulation of logical conclusions, principles, or theories; perspective, gained from the historical and anthropological record of human development, of contemporary social institutions and their functions; understanding of

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3 Loc. cit.

and conviction about the rights and responsibilities of intelligent citizenship and membership in a profession.

The second kind of preparation is the more specifically technical training for professional practice. But this training must transcend that for the care of the hospitalized sick. It must be preparation for the broad field of community nursing service. Besides the other relatively well-defined components of the course of study, should be included understanding of the effect of nutrition, housing, employment, economic income, class and caste structure, recreational activities, and so forth, upon individual and national health; some knowledge of the principles and functions of social work and of how nurses and social workers can most effectively act as a team; experiments in analyzing the health needs of individuals, families, and communities, and in initiating action to meet these needs; and preparation in the art of teaching health to persons, whether sick or well and whether individually or in groups.[4]

The scope of health education. Before further explaining health teaching in nursing, the meaning of health education in its broadest sense was established. Hussey[5] wrote that the goal of the development of a wisely choosing, self-directing individual was accomplished by an integration of the three traits of health knowledge, interest, and practice. The American Public Health Association Committee on Professional Education described the general scope of health education as follows:

The Health Educator assists in helping people to become intelligently aware of individual and community health problems and to share responsibility for their

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4 Ibid., pp. 138-139.

5 Marguerite M. Hussey, Teaching For Health (New York: Prentice Hall, 1942), p. 48.

solution. He interprets health needs, desirable health behavior, and the services of professional health agencies.[6]

The same committee, in describing the functions of health educators, placed a strong emphasis on planning and organizing all kinds of health education programs and on assisting the community in locating problems and organizing for their solution as well as on the preparation, selection, and distribution of health education materials.[7]

The concept of the "team" approach has become increasingly emphasized by thinking people in our specialized society. There are many instances in which efforts have been made to coordinate the activities of a number of specialists toward the achievement of a broad social aim. Improved community health is such an aim and where progress is being made, coordinated efforts can be seen (whether formally organized or not) which include those of physicians, nurses, health educators, specialists in physical education, dentists, nutritionists, physiotherapists, sanitary engineers and some others. Rugen[8] expressed the need for group planning and action in

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6 American Public Health Association Committee on Professional Education, "Proposed Report on the Educational Qualifications of Health Educators", American Journal of Public Health, 33: 998-1002, August 1943.

7 Ibid., p. 999.

8 Mabel Rugen, "Working Together for Better Health Education," Journal of Educational Sociology, 22: 51-59 September, 1948.

Health Education with a plea for serious attention to understanding the dynamics of group action and the study of scientific approaches to such action as are becomming accepted.

Nurse participation in health education. That modern educators of nurses promote not the nurse as a lone health teacher, but as a professional person who must work and plan with the other professional workers on the health education team was shown in a previously cited quotation by Brown.[9]

It is true that some persons prepared to be nurses were engaged in activities primarily health educative in function such as health educators in schools, national or local health agencies or as some school and public health nurses. These positions called for additional preparation. The problem at hand, however, looked toward the health teaching functions of the basically prepared professional nurse as evidenced more commonly in nursing practice. The key to the place of health teaching in nursing was found in the now common and interchangeable phrases "total nursing care" and "comprehensive nursing care". Nurses working with patients were expected to meet the physical, mental, and emotional needs of the person in a manner, not only suitable to his present condition, but consistent with securing his future place and best interests

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9 Brown, loc. cit., p. 74.

in his family and in society. Integrated then, with the many aspects of physical care in each nursing situation there is the opportunity to teach the patient and often his family too, how to attain and maintain the best level of health possible under the circumstances. These have been pointed as the health, rehabilitative, and preventive elements of nursing.[10] The most common teaching opportunities in nursing at any given time are the contacts with one person, or a small group of people, with patients and families, and with clinic groups concerned with special health problems such as expectant motherhood, infant care, or the control of diabetes.

The following quotation from Fox's contribution to a symposium[11] described the nurse's part in health education.

> When the going is hard, when the individual course of action is inconvenient, difficult, disagreeable, or expensive, natural inertia and emotional resistance are easily rationalized. Something more than knowledge is needed to overcome them. . . . In such instances a councilor is needed who understands at least in part, the art of attentive listening and of helping the person concerned to express and accept and deal with emotions blocking action. Such counseling when safeguarded by medical knowledge is personal health education at its best. . . . The ancient way of one pupil and one teacher sitting down together and talking over a live situation surpasses all other methods.[11]

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10 Joint Committee of the National League of Nursing Education and National Organization For Public Health Nursing on Integration of the Social and Health Aspects in the Basic Curriculum, "Faculty Preparation in the Health and Social Components of Nursing", Public Health Nursing, 37: 348-352, July 1945.

11 Walter W. Bauer and collaborators, Symposium, "What is Health Education?" American Journal of Public Health, 37: 641-652, June 1947.

The preparation of teachers. In connection with the problem for this study attention was given to what may be considered desirable preparation for any teaching activities.

Tyler[12] has written about the education of teachers, that first of all provision should be made for good student personnel services, that education should emphasize human growth and development, social understanding, the arts as media for increased self expression, development of curriculum techniques to be used by all teachers and preparation in methods of evaluating educational programs. He further said that the education and subject matter departments should be closely related, instruction should take place in larger blocks, theory and actual work with pupils should be integrated, and that the student teacher should have increased responsibility for carrying on his own education.

Troyer[13] essentially supported the statements of Tyler and included a nicely phrased "trend toward responsible participation in programs working toward the solution of community and personal problems of every day living."

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12 Ralph W. Tyler, "Trends in the Preparation of Teachers", Forty-eighth Annual Report of the National League of Nursing Education, New York: 1942, pp. 185-190.

13 Maurice E. Troyer, "New Developments in Teacher Education", American Journal of Public Health, 35: 1022-1028, October 1945.

Preparation for participation in health education. The Joint Committee on Health Problems in Education[14] described the desirable health education of the preservice teacher and included recommendations that candidates should be selected according to good health, personality and intelligence; effort should be made to know them well while students; through the use of local and college health agencies the way should be cleared for effective living; provision should be made for a healthful place in which to live, work, and play; and guidance should be available.

The more recent recommendations of the Committee on Professional Education[15] were that the educational background of health educators should contain basic cultural education, basic science education, training in education and educational psychology that would provide both knowledge and functional experiences for extensive participation in educational programs, education in hygiene and public health, training in the area of public administration, and the development of special skills such as public speaking, writing, and the development of community relationships.

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14 Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, Health Education (Washington: National Education Association, 1941), pp. 296-301.

15 American Public Health Association Committee on Professional Education, Opus. cit., pp. 1000-1001.

The foregoing ideas regarding health education, professional nursing, and the modern preparation for those activities were presented for two reasons; first, to show the common trends and goals that they possess as well as the difference in activities by which each practioner may attempt to reach those goals, and second, in order to later establish the type of efforts for preparing nurses for health teaching that were supported by the opinions of nurses, health educators, and others persons concerned with education and health education.

Summary. The problem of investigating the efforts of a collegiate school of nursing to prepare student nurses for health teaching was chosen because professional literature and observation indicated that health teaching was a function of nursing that was in some instances not being performed with satisfactory quality. Examination of the related concepts showed that recommended preparation for health education and for nursing contained common areas of basic science, social science, hygiene and public health, and preparation for cooperation in community health planning. Health educators were expected to prepare for and assume planning, organizing, and participating activities in all types of community health education to an extensive degree. Nurses were expected to prepare for and contribute to community health education activities, but placed the greatest emphasis on the situational

teaching of individuals and groups. Recommendations for the preparation of all teachers urged the close relation of education and subject matter departments.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction. A number of studies and articles were located that have definite bearing on the nurse as a teacher of health, although only one was concerned exclusively with the methods by which she is prepared to do so. The most significant writings will be reviewed here in the chronological order that they were made available to the profession.

The functions and training of nurses. Published in 1923, Goldmark's report[1] contained a comprehensive study of the functions of the nurse and the training of nurses, basic and postgraduate. It contained many recommendations, basically sound, for the future of nursing education. It made clear the nurse's responsibility for health teaching as well as for other functions, pointed out the weaknesses of the apprentice system, recommended the integration of the disease preventive aspect of individual and family care throughout the basic curriculum, urged carefully selected clinical experiences with correlated instruction that would make evident

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1 Josephine Goldmark, Nursing and Nursing Education in the United Stated (New York: The Macmillan Company, 1923), 585 pp.

the social and health implications of care, and promoted outpatient experience and observation of public health nursing for all nursing students rather than undergraduate public health nursing experience for a few students. Twenty-two hospital schools studied at that time provided an average of 578 hours of instruction for students in three years with an average of twenty-four hours used for teaching social aspects of disease and its prevention.[2] The section of the study which dealt with public health nursing as done by graduate nurses cited actual case examples of success and failure in teaching patients. Failures were attributed to lack of nurses' recognition of the teaching role, lack of knowledge of teaching methods, and lack of definite information for teaching.[3]

Measurement of public health nurse performance. Hilbert, in 1934, reported an attempt to measure the quality of the performance of the public health nurse in terms of quality of relationship with people, techniques of nursing care and evidence of understanding of the fundamental principles and their adaptation to individual needs, direct or indirect individual or family teaching, and adequacy of

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2 Ibid., pp. 106-148.

3 Ibid., pp. 187-472.

care. The criteria were used in a rating scale of one to ten. She found that all agencies studied rated lower on teaching than on any other factor, and that the teaching scores were all less than five.[4]

Identification of teaching activities in nursing. An analysis of nursing activities by Johns & Pfefferkorn, also published in 1934, included a "Combined Nursing Activities List"[5] which categorized 143 activities as "Teaching Measures to Conserve Health and to Restore Health" with subheadings for housekeeping, special conditions, mental hygiene, general hygiene, child care, health education in schools, community health care, prenatal education, postpartum education and general nursing procedures. Forty-five additional activities were listed under "Cooperating with Family, Hospital, Personnel, and Health and Social Agencies in the interests of Patient and of Community." This study presented the now well known eight conclusions regarding good nursing. Conclusions five and six were significant to our purposes.

> 5. All professional nurses should be capable of taking part in the promotion of health and the prevention of disease.

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4 National Organization for Public Health Nursing, Survey of Public Health Nursing (New York: The Commonwealth Fund, 1934), pp. 192-221.

5 Ethel Johns and Blanche Pfefferkorn, An Activity Analysis of Nursing (New York: Committee on the Grading of Nursing Schools, 1934), pp. 170-175.

6. All professional nurses should possess the essential knowledge and the ability to teach measures to conserve health and to restore health."[6]

Recommended curriculum content and method. In preparing the third and by far the most comprehensive work on curriculum[7] for the National League of Nursing Education, a preliminary study was made by approach to nurse educators asking for criticisms of previously presented curricula. The recommendations included:

> The teaching functions of the nurse should be stressed and the teaching point of view incorporated into the program from the beginning, with emphasis on the teaching content and method which the student needs to learn and use in her care of patients.[8]

The completed guide for curriculum preparation suggested in considerable detail the manner in which the social and health aspects of nursing could be integrated with approach to other learning goals. Two emphases were of particular note, the inclusion of an introduction to health education[9] in the first course in nursing arts and the senior experience

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6 Ibid., pp. 40-41.

7 Committee on Curriculum of the National League of Nursing Education, A Curriculum Guide for Schools of Nursing. (New York: National League of Nursing Education, 1937), 689 pp.

8 Ibid., p. 63.

9 Ibid., p. 361-362.

entitled "Nursing and Health Service in the Family"[10] in which the emphasis was on the group and its nursing problems rather than on the clinical conditions cared for.

Objectives for the following courses as suggested in the curriculum guide looked toward a preparation for health teaching; psychology, sociology, social problems in nursing service, introduction to medical science, pharmacology, introduction to nursing arts, nutrition, diet therapy, medical and surgical nursing, obstetric nursing, pediatric nursing, psychiatric nursing, nursing and health service in the family, and advanced nursing and electives.

For further use, some of the methods suggested for achieving the desired health teaching ends were recounted here with the time alloted to them when indicated in the text.

The first term was suggested as proper placement of a course in psychology which should include a unit of eight to ten hours on the nature of learning, the purpose of formal education, economical learning, and commitant learnings. This unit was to be followed by another of eight to ten hours on personality and adjustment, and a unit on the biological and social basis of behavior.[11]

The second term of the first year was suggested for a

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10 Ibid., p. 510-520.

11 Ibid., pp. 195-209.

course in sociology with units on human nature and personality as products of social life, the modern family and the modern community.[12]

A course dealing with social problems in nursing service was allotted thirty hours to be closely correlated with medical and surgical nursing. It was recommended that a well qualified medical social worker contribute in course presentation. Recourse to the outpatient department for case examples for teaching as well as the possibility of field visits to patients homes and to community institutions were suggested.[13]

In the introduction to nursing arts, the second unit was concerned with health appraisal, health needs, individual health adjustments, and health conservation. Learning activities included observation of health conservation work in well baby clinics and in schools, special tests of body function, conferences regarding the students' own health examination, original study of the common health problems of student nurses, and study of the health service report of the school of nursing. This unit was planned to cover six to eight hours of instruction and six to nine hours of supervised

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12 Ibid., pp. 210-221.

13 Ibid., pp. 221-237.

student activity.[14] Another unit dealt with recognizing and providing for health education needs with five to seven hours of instruction and eighteen to twenty-one hours of supervised student activity and recommended planned observation of patient instruction in the outpatient department and on the wards as well as an observation of teaching in the home done by a public health nurse.[15]

It was recommended that the diet therapy course should be integrated with medical and surgical nursing and in addition to thirty hours of factual content, it was suggested that students plan sample menus and list information necessary to guide clinic patients who did their own cooking and who needed modified diets.[16]

Medical and surgical nursing instruction and activities included outlining the nurse's responsibility in a program for the prevention of heart and circulatory diseases; experience in helping patients to acquire intelligent and critical attitudes toward high pressure advertisement of cathartics; teaching experience relative to treatments in the home and preventive measures applicable to the individual and the community; collection and evaluation of educational materials

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14 Ibid., p. 338.

15 Ibid., p. 399.

16 Ibid., p. 399.

relating to the care of skin conditions; responsibility for teaching programs for diabetic patients; a study of the educational and occupational activities suitable for neurological patients; special study of aims, content, method, and readings suitable for instruction in sex hygiene; experience in the education of the patient and the public in the prevention, treatment and rehabilation problems of tuberculosis; and special study of the methods of disseminating knowledge of communicable diseases.[17]

Proposed instruction and experience in obstetric nursing were accompanied by group conferences about the problems met by students in advising patients; emphasis on the nurse's responsibility for learning to use every health, social, educational, and recreational resource in the community in solving the problems of antepartal patients and their families; participation in the care and instruction of at least twelve postpartal patients in self care and in the care of the newborn.[18]

Suggested instruction in pediatric nursing included observation of well children; auditing at least one parent conference; helping convalescent children to resume phases of their own care; helping children to cooperate in maintaining

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17 Ibid. pp. 404-437.

18 Ibid., pp. 441-467.

isolation technique; and experience in instructing patients and parents in relation to treatment and health conservation in hospital and home.[19]

The psychiatric nursing course proposals included student planned discussions for interpreting events of psychiatric significance to lay friends.[20]

Plans for nursing and health service in the family placed a strong emphasis on intensive work with a few selected patients considered in relation to their family situations regardless of whether the correlated experience was in the outpatient department or in the patient's home.[21]

It was evident that according to this plan, student nurses should acquire factual content for teaching, receive instruction in the principles and methods of teaching and learning, observe teaching of patients and families as done by well prepared persons, and have selected and supervised experience in preparing materials and actually teaching both ill and well persons, with provision made for the interpretation of the social significance of their efforts.

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19 Ibid., pp. 467-491.

20 Ibid., p. 498.

21 Ibid., p. 516.

Evaluation of teaching by nurses. Derryberry conducted a series of studies over a period of years in an attempt to measure the effectiveness of teaching by nurses. He concluded that many nurses failed to utilize health teaching opportunities successfully. He further concluded that the nurse may become a better teacher by arousing the patients' interest in the subject, grasping opportunities for teaching when the patients' mind is most receptive, using terms easily understood, utilizing data from previous well kept records, and summarizing in writing the information and recommendations made throughout the visit.[22]

The nurse-patient relationship and health teaching. Gilbert's contribution to the understanding of the nurse-patient relationship was examined. Experienced both as a nurse and as a psychiatric social worker she explored and analyzed many case records in preparing her manuscript. The chapter "Teaching Health"[23] interpreted the attitudes and emotionally colored reactions of both the nurse and the patient in teaching-learning situations. Objective and unauthoritative relationships were stressed for success in teaching.

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22 Mayhew Derryberry, "How May the Nurse Become a Better Teacher?". The Health Officer, 3:253-268, January 1939.

23 Ruth Gilbert, The Public Health Nurse and Her Patient, (New York: The Commonwealth Fund, 1940) Chapter III pp. 129-205.

Illuminated clearly was the importance of social and psychological knowledge and the skills needed to apply it sensitively.

In another study of the nurse-patient relationship as it influenced health teaching, Ford concluded that the public should be taught that all nurses are health teachers, that nursing personnel should be stabilized and nursing care assignments made with the idea of establishing a desirable patient-nurse relationship, and that the nurse should be equipped to know her patient well, to recognize the psychological moment when the patient feels a need for teaching, and to remember that the process of learning goes on at all times.[24]

Implementing health teaching in the clinical situation. In addition to suggestions made in previously reviewed studies Freeman advocated that the following activities accompany clinical assignments: written analysis of observed teaching attempts; allocation of daily work to recognize teaching needs as well as bedside care; case discussion following observation of the nurse's work by the supervisor; brief periods for reading selected records; preparation of notebooks containing

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24 Myrtle Ford, "A Study of the Patient-Nurse Relationship as It Influences Health Teaching", (unpublished Service Paper for Partial Requirement for the Master's Degree, Western Reserve University, 1941), p. 50.

teaching suggestions by students; notation and discussion of teaching opportunities found during the days work; construction of a teaching plan for a selected family or patient; listening to case discussions by other nurses; maintainance and encouragement of the use of ward libraries; discussion of proposed teaching content with supervisors; provision of a manual or file concerned with teaching material; collection of suggestions and plans worked out by patients and their families; collection of local information such as price lists which would help in the application of teaching content; and the provision of space on records and charts for a statement of patients' teaching needs.[25]

Recent criticism of the nurse as a health teacher. According to Chayer, in 1947 many of the lacks indicated in previous articles and studies were still present. In writing of the lack of expertness of nurses as health teachers she pointed out the need for early introduction of concepts in the basic program, the need for directing student's attention toward situations requiring skill in health teaching, and the need for physicians to give nurses a sufficiently clear picture of the patient's condition to permit constructive teaching.

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25 Ruth Freeman, "Teaching Nurses to Teach", American Journal of Nursing, 42: 406-416, April, 1942.

She discussed also the school of nursing's failure to use its student health service as a research project for determining objectives, methods, administrative machinery, and evaluation of student health education and service programs. Further indication was made that neither basic or postgraduate programs gave adequate preparation for teaching classes to school, industrial, and community groups.[26]

In a recent nationwide study, Brown reported that the medical profession was slow to emphasize the teachings of preventive medicine, mental hygiene, and public health.[27] She pointed out that the "new obstetrics and pediatrics" are highly dependent upon teaching and the creation of a relaxed, friendly, and interested atmosphere.[28] She observed a scarcity of nurses prepared for the teaching functions[29] and some head nurses who believed that a nurse not on her feet and in physical movement was "not working".[30]

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26 Mary Ella Chayer, Nursing in Modern Society (New York: G. P. Putnams' Sons, 1947), pp. 207-219.

27 Esther Lucille Brown, Nursing For the Future (New York: Russell Sage Foundation, 1948), p. 33.

28 Ibid., p. 41

29 Ibid., p. 42

30 Ibid., p. 90

Summary. This review of the literature related to the problem made clear the following facts. Early emphasis on the health teaching responsibilities of public health nurses has been replaced by the same emphasis for all professional nurses. For more than twenty-five years, nurse educators have recognized that nurses have health teaching responsibilities. During the same period, investigators have demonstrated that many nurses did not meet teaching responsibilities adequately. There was considerable agreement that the nurse's preparation for health teaching should include sound scientific preparation in the facts of positive health and disease; a knowledge of the biological, psychological and social basis of behavior; comprehension of the fundamental principles of teaching and learning; and observation and active guided experiences in teaching in real situations. There was a minor disagreement regarding the desirability of active nursing in the home experience in the basic curriculum. There was agreement on the desirability of integrating those activities which contribute to preparation for teaching throughout the basic curriculum. Although there were articles available which illustrated how teaching preparation could be integrated with other activities in the curriculum, no study was located that determined what methods were actually being used for health teaching preparation in a specific total curriculum.

CHAPTER III

THE METHOD OF PROCEDURE AND SOURCES OF DATA

Introduction and delimitation. As previous chapters have shown, there has been available nationally, considerable literature concerned with the nurse as a teacher of health. There is some evidence that promotion through the literature has had poor success in affecting the quality of teaching done. This evidence suggested that it would be desirable for educators of nurses to examine the health teaching preparation efforts of individual curricula. The present study was conceived as a demonstration of how prevailing methods could be investigated within one basic curriculum; therefore, it was limited to one collegiate school. A description of the school and an explanation of the methods used are contained in this chapter.

I. METHOD OF PROCEDURE

Determination of information to be sought. Study of the literature of education, health education, and nursing education led to the establishment of the nature of the information to be sought in this study. The questions formulated to further express the problem were:

1. Is student learning directed toward the acquisition of knowledge of subject material essential

to health teaching?

2. Is student learning directed toward the development of an understanding of the social influences related to health?
3. Is student learning directed toward the acquisition of knowledge of the teaching process?
4. Is student learning directed toward the development of skill in teaching patients?
5. What are the measures used to evaluate student accomplishment in health teaching?

Description of the school. An understanding of the school and its program was essential for planning investigational procedure.

Nursing School A (as it will be referred to in this study) was one of nine schools existing in a women's college that aimed to combine vocational instruction with a liberal and cultural education and was approved by the Association of American Universities. Administratively Nursing School A was on an equal basis with all other schools in the college and its director had direct access to the office of the president. Although Nursing School A provided some programs for graduate nurses, only its program for basic professional preparation was considered in this study. Other schools within the college required four academic years of study for meeting degree

requirements, but this school required almost five years and the length of its school year was greater than the others. Its program led to the bachelor of science degree and a diploma in nursing. In recent years an average of 100 students have been enrolled in the basic program at any given time.

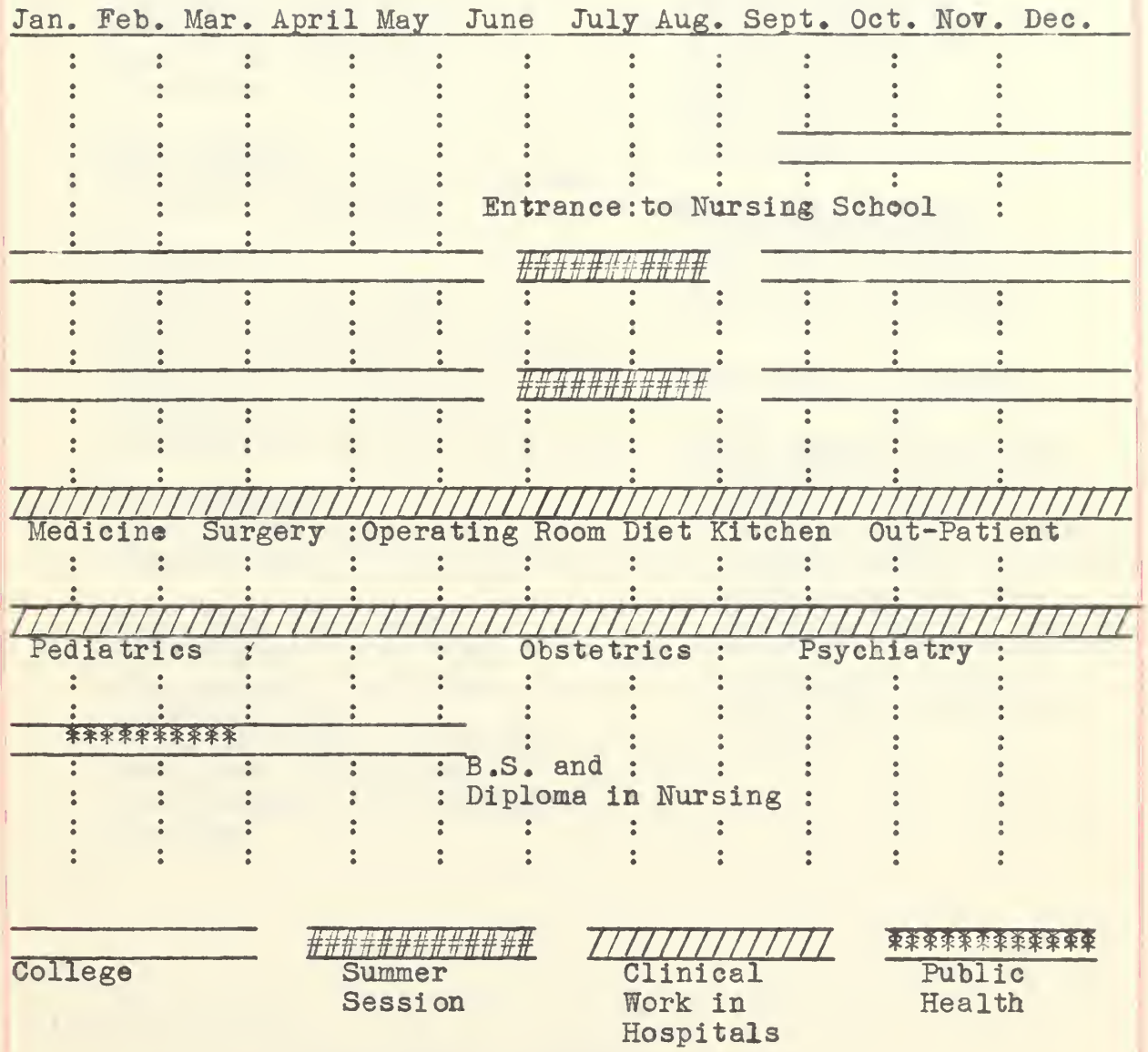
Since the college policy prohibited freshmen entrance to a school, first year students were advised to elect a well balanced program that included subjects basically useful in the school that they intended to enter as sophmores. Freshmen anticipating entrance to Nursing School A were urged to elect general biology and chemistry for the first year program. Subjects studied in the remaining four years actually spent in the nursing school were largely dictated by the school.

As can be seen from Figure I, students entering Nursing School A at the end of the freshman year were required to attend a six weeks summer session during which introduction to nursing arts and history of nursing were studied. The academic sophmore year included microbiology, physics, anatomy, psychology, nutrition, food preparation, and electives. The summer session following the sophmore year continued the study of nursing arts and introductory pharmacology. The first half of the third year at the college included study of physiology, the prevention of communicable diseases, philosophy, sociology, and group conferences on professional nursing.

In the middle of the third year students chose between a

COLLEGIATE SCHOOL OF NURSING A

Five-Year Program



* Adapted from official diagram of school

FIGURE 1.*

(continued on next page)

FIGURE 1. (continued)

CLASSWORK -- COLLEGE

First Year[1]
- Biology - 4 yr hrs
- Chemistry - 4 yr hrs
- English - 4 yr hrs
- Electives - 4 yr hrs

First Summer
- Elementary Nursing) 3 yr hrs
- History of Nursing)

Second Year
- Anatomy - 2 yr hrs
- Bacteriology - 2 yr hrs
- Foods & Nutrition - 2 yr hrs
- Physics - 4 yr hrs
- Psychology - 2 yr hrs
- Academic Electives - 4 yr hrs

Second Summer
- Advanced Nursing) 3 yr hrs
- Pharmacology)

Third Year (1st half)
- Philosophy - 2 yr hrs
- Physiology - 2 yr hrs
- Prevention of Com. Diseases - 2 yr hrs
- Sociology - 2 yr hrs
- Conferences on Professional Nursing

CLASSWORK -- HOSPITALS[2]

Third-Fourth Year
- Medical Nursing
- Surgical Nursing
- Pharmacology II
- Diet therapy
- First Aid
- Pathology

Fourth-Fifth Year
- Pediatric Nursing
- Obstetric Nursing
- Psychiatric Nursing

CLASSWORK -- COLLEGE

Fifth Year (last half)
- Community Health Problems - 1 yr hr
- Nursing & Health Service in the Family - 1 yr hr
- Preparation for the Nursing Career - 1yr hr
- Principles & Methods of Teaching - ½ yr hr
- Ward Administration - ½ yr hr

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1 --- 1 year hour = 2 semester hours

2 --- point credit system not used for clinical courses

year of study and experience in affiliated Hospital School B which had 250 beds and affiliated Hospital School C which had 1,000 beds. In either choice, the student studied and practiced the care of adult medical and surgical patients in all stages of illness and had experience in outpatient department, operating room, and diet kitchen. Courses studied at the hospital were concerned with general and special medical and surgical nursing, advanced pharmacology, diet-therapy, first aid, and pathology. This assignment covered one calendar year and included three weeks vacation.

For all students the second clinical year (middle of fourth to middle of fifth college year) contained, in varying order, five months of study and practice of pediatric nursing at affiliating Hospital School E, three months of study and practice of psychiatric nursing at affiliating Hospital School D, and three months of study and practice of obstetric nursing at affiliating Hospital School F. There was one month of vacation in that year. Table I represents in detail the studies and experience for each clinical period.

In the last half of the academic fifth year all students had two months of supervised practice in public health nursing with Agency G and studied at the college courses in nursing and health service in the family, community health problems, principles and methods of teaching, hospital ward administration, and preparation for the nursing career.

TABLE I

AREAS OF STUDY AND EXPERIENCE IN CLINICAL FIELD

Affiliated Hospital School B	Adult Medical & Surgical Nursing
Courses Studied	Experience in Nursing
Orientation to Adult Nursing	Male and Female Medical
Pharmacology	Male and Female Surgical
Medical Nursing	Operating Room
Surgical Nursing	Diet Kitchen
Operating Room Principles	Outpatient Department
Dermatology	One day observation in Public Health Nursing
Diseases of Eye, Ear, Nose, Throat	
First Aid	
Outpatient Nursing	
Pathology	

Affiliated Hospital School C	Adult Medical & Surgical Nursing
Courses Studied	Experience in Nursing
Orientation	Male and Female Medical
Medical and Surgical Nursing with integrated	Male and Female Surgical
Pathology	Operating Room
Pharmacology	Diet Kitchen
Diet therapy	Outpatient Department
Dermatology	Possibility of one:
Diseases of Eye, Ear, Nose, Throat	Urological
Emergency Nursing	Gynecological
Neurology	Neurological
Urology	Orthopedic
Orthopedics	One day observation in Public Health Nursing
Gynecology	

Affiliated Hospital School D	Psychiatric Nursing
Courses Studied	Experience in Nursing
Psychiatric Nursing	Disturbed patients
Mental Hygiene	Active treatment
Occupational Therapy	Occupational Therapy
Recreational Therapy	Possibility of:
Hydrotherapy	Infirm senile
	Convalescent
	Continued treatment

TABLE I (continued)

Affiliated Hospital School E	Pediatric Nursing
Courses Studied	Experience in Nursing
Pediatric Nursing Child Growth and Development Infant Care and Feeding	Children's Medical Children's Surgical Infants (medical or surgical) Possibility of one or two: Orthopedic Neurological Ear, nose, and throat Communicable Disease Outpatient department

Affiliated Hospital School F	Obstetric Nursing
Courses Studied	Experience in Nursing
Maternity Nursing Care of the Newborn	Prenatal-outpatient department Delivery Postpartum Care of the Newborn: Normal or Premature

Affiliated Agency G	Public Health Nursing
Courses Studied	Experience in Nursing
Nursing and Health Service in the Family (at the college)	Nursing and Health Service in the Home

The faculty of Nursing School A took no active part in the planning of instruction given to its students by other departments in the college or by the affiliated schools beyond indicating the general areas to be included.

The college health service was available to all college students. In actual practice, it contributed more service to students in Nursing School A than to other schools in the college. In addition to freshman and senior health examinations and supervision of minor illness for all, nursing students had physical examinations in the third and fourth years, chest x-rays at six month intervals beginning at the time of clinical assignment, immunization for small pox, diptheria, scarlet fever, typhoid fever, and voluntary opportunity to take part in the United States Public Health Service Program for BCG vaccination for tuberculosis. Health problems arising during periods of clinical affiliation were usually cared for by the student health service of the affiliating school.

During summer sessions and public health nursing experience, students were occupied in class and nursing experience at an average of forty hours weekly. During the two clinical years, class and patient care experience averaged forty-eight hours weekly; of this five and one half average hours weekly were spent in class. Academic semesters at the college averaged seventeen and one quarter hours weekly spent in class.

Selection of method. Since information about present activities was desired for use in formulating plans for the future, the normative-survey method was chosen.[1] With the previously named questions in mind and the pattern of the students' study and experience within the curriculum known, it was decided to approach a representative group of people who worked directly with students in each area that might conceivably contribute to preparation for health teaching.

Personal interview was decided upon as the means of approach. This decision was due to the recognition of the work pressures and variable backgrounds of the representative group that might conceivably result in a low number of responses and also in a difficulty in interpreting terms used in their intended meaning. It was further hoped that the interviewing activity might increase interest in the subject. Reference to literature on educational research supported this choice.[2]

Application of method. Analysis of the types of positions that would be expected to entail close contact with students or strong influence on their learning activities resulted in the selection of the following categories of teaching positions:

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1 Carter V. Good, A. S. Barr, and Douglas E. Scates, The Methodology of Educational Research (New York: D. Appleton Century Company, 1941), p. 287.

2 Ibid., pp. 377-379.

1. College professors and instructors.
2. Hospital course instructors.
3. Hospital supervisors of ward instruction.
4. Public health nursing integrators in the hospital.
5. Hospital head nurses.
6. Public health nursing agency supervisors.

Since the customary work responsibilities of persons serving in each of the previously named categories were known, both from close association and from familiarity with the recommendations made in professional literature, and since the types of activities likely to aid in preparation for health teaching were abundantly presented in the literature reviewed, sufficient information was available to make possible the preparation of questionnaires suitable for interviewing the selected persons. Six questionnaires, fitted to the expected needs of the categorized interviews were prepared. Each form was tested and revised with the aid of persons actually serving in the position for which it was intended. The questions asked were meant to identify the specific learning activities involved wherever possible and opportunity was given for the expression of activities not anticipated. Questionnaire forms may be found in appendix A.

In all instances at the college, the affiliated hospital schools and the public health nursing agency, a preliminary interview with the director or assistant director served to

familiarize the administration with the purpose and method of the study and to secure permission for persuing it in that area. In some instances interviews with other officials were necessary to establish the number of wards to which students might be assigned in the course of a year and to supply the names of persons occupying the positions of interest to the study. In all cases throughout the data collecting activities, persons to be interviewed were called on the telephone at least two days in advance and arrangements made for the time and place of interview.

Technique of interview. As has been previously stated, appointments were made in advance for each interview. At that time the person to be interviewed was told only that a study was being done to determine how nurses are prepared for health teaching and that questions would be asked about her course or ward teaching activities. At the beginning of the interview emphasis was placed on the fact that information was sought for a study and that it was not expected that every method represented by the questions should necessarily be included in that person's activities. It was further suggested that the data obtained would be handled in such a way as to keep confidential the exact identity of the informant. Those interviewed were encouraged to cite examples wherever possible to assure a correct interpretation of ideas. Interviews occupied an average of one half hour each.

II. SOURCES OF DATA

Table II shows the occupation and location of the sixty-three persons interviewed.

At the college. Instructors of courses likely to contribute to the student's knowledge of subject material, attitudes, or knowledge of teaching principles and method were interviewed. The only person not available for interview was the professor who taught the course in the control of communicable disease. His course outline was available and examined. It should be noted that many of these instructors were not on the staff of the Nursing School A, but were members of other departments in the college.

At the affiliated hospital schools. Instructors of courses studied by students from School of Nursing A were interviewed with the exception of a few brief courses such as dermatology, and eye, ear, nose and throat nursing which occupied a very small portion of the total class time. Hospital School B and Hospital School C covered essentially the same subject material but organized courses differently. School B integrated general medical and surgical nursing and most of the medical and surgical specialties. The major responsibility of the course fell to two nurse instructors with the assistance of several physicians. School C integrated nutrition and pharmacology with medical and surgical nursing and its

TABLE II

PERSONS INTERVIEWED

School-Agency	Position	Subject Taught	Clinical Service
College, incl. Nursing School A	*AP-Biology	Anatomy	
	AP-Biology	Bacteriology	
	Lecturer	Community Health Problems	
	AP-Nursing	Intro.-Nursing Arts I	
	*Ins.-Nursing	Intro.-Nursing Arts II	
	AP-Nursing	Nursing and Health Service in the Family	
	AP-Nutrition	Nutrition	
	*P-Biology	Physiology	
	AP-Psychology	Psychology	
	AP-Sociology	Sociology	
	*Dir.Physical Education	Physical Education	
Hospital School B	Nutritionist & Ins.-Nutrition	Dietherapy	
	Ins.-Medical Nursing	Medical Nursing	
	Ins.-Nursing	Pharmacology II	
	Ins.-Surgical Nursing	Surgical Nursing	
	*Sup.-Ward Instruction		Medical & Surgical Wards
	Head Nurse		Medical Ward
	Head Nurse		Surgical Ward
	Head Nurse		Surgical Ward
	Head Nurse		Medical & Surgical Private
	Asst. Supervisor		Outpatient Dept.
Hospital School C.	Ins.-Gynecological Nursing	Gynecological Nursing	
	Ins.-Medical Nursing	Medical Nursing	
	Ins.-Neurological Nursing	Neurological Nursing	
	Ins.-Surgical Nursing	Surgical Nursing	
	Sup.-Ward Instruction		Medical & Surgical Wards

TABLE II (continued)

School-Agency	Position	Subject Taught	Clinical Service
	Sup.-Ward Instruction		Medical & Surgical Private
	Pb. Health Nurs. Integrator	conts. to other courses	All services
	Head Nurse		Neurological Ward
	Head Nurse		Surgical Private
	Head Nurse		Medical Ward
	Head Nurse		Gynecological Ward
	Head Nurse		Medical Ward
	Dietician		Diet Kitchen
	Supervisor		Outpatient Dept.
Hospital School D	Ins.-Psychiatric Nursing	Psychiatric Nursing & Mental Hygiene	
	Ch.-Ward Inst. Committee		All psychiatric Wards
	Head Nurse		Psychiatric active treatment Ward
	Head Nurse		Psychiatric disturbed Ward
	Dir.-Occupational Therapy		Occupational Therapy Department
Hospital School E	Ins.-Pediatric Nursing	Pediatric Nursing Child Growth & Development	
	Public Health Nurs. Integ.	Contrib. other courses	all services
	Sup.-Ward Instruction		Children's Surgical Wards
	Sup.-Ward Instruction		Children's Orthopedic Wards
	Sup.-Ward Instruction		Children's Mixed Private
	Sup.-Ward Instruction		Infant's Medical Wards
	Head Nurse		Infant's Medical Ward
	Head Nurse		Children's Orthopedic Ward
	Head Nurse		Children's Medical (spec. proj.) Ward

TABLE II (continued)

School-Agency	Position	Subject Taught	Clinical Service
	Head Nurse		Children's Metabolic & Tumor, Ward
	Head Nurse		Children's Surgical Ward
Hospital School F	Ins.-Obstetric Nursing	Obstetric Nursing	
	Sup.-Ward Instruction		All Obstetric Wards
	Sup.-Ward Instruction		Nurseries
	Head Nurse		Ward for Undelivered Complications of Pregnancy
	Head Nurse		Postpartum Ward
	Head Nurse		Postpartum Private
	Head Nurse		Outpatient Dept.
Public Health Nursing Agency G			
	Edu. Director	Orientation to PHN Field	
	District Sup.		Nursing & Health Service in Home
	District Sup.		Nursing & Health Service in Home
	District Sup.		Nursing & Health Service in Home

Total persons interviewed 63.

*Abreviations used:

P.....Professor
AP.....Assistant or associate professor
Ins.....Instructor
Sp.....Special
Dir.....Director
Sup.....Supervisor

specialties and used a number of nurse instructors as well as one dietician and several physicians. A representative number of these were interviewed. Since the nurse instructors planned the courses and audited all physicians lectures, no physicians were interviewed. In School C, the instructor of diet therapy was not available.

The number of supervisors of ward instruction varied. Hospitals B and D had one each; Hospitals C and F had two; and Hospital E had four, each covering a smaller section of the hospital than in the other instances. All were interviewed.

Although a person prepared in public health was strongly recommended[3] to serve in the capacity of faculty member responsible for the integration of health and social aspects of nursing in the curriculum, only two schools, C and E, had a public health nursing integrator at the time of this investigation. Both of these were interviewed.

In each hospital, one third of the head nurses who had students from School A assigned to their wards in the past year were interviewed. Selection of the head nurses was made by preparing numbered slips representing each one and having a

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3 Joint Committee of National League of Nursing Education and National Organization for Public Health Nursing on Integration of the Social and Health Aspects in the Basic Curriculum "Faculty Preparation in the Health and Social Components of Nursing", Public Health Nursing, 37: 348-352, July, 1945.

person entirely unacquainted with the circumstances draw the desired number of slips from a container in which they had been agitated. Because of its special importance to the subject for study, the person responsible for student teaching in each outpatient department to which students were regularly assigned was interviewed.

At the public health nursing agency. The educational director taught some planned classes for students at the public health nursing agency headquarters. She was interviewed in the same manner as course instructors. Three district supervisors made up the representative number questioned.

Plan for analysis of data. The location of the efforts for preparing student nurses for health teaching, the type of activity used, and a generalized interpretation of the estimated amount of effort (where possible to obtain it) were tabulated under the following headings: content related to the learning of health facts and health practices; the presentation of social influences related to health; and activities related to the learning of teaching principles and methods. Wherever possible these data were expressed in terms of percent of a total activity or percent of persons participating. It was not felt that the information secured was precise

enough to warrant further statistical interpretation.[4] Tabulations were also made to show the participants in instruction, their preparation for health teaching promotion, and their opinions of present health teaching done by students.

Illustrative comments obtained in interviews were collected in separate categories and included in the text of chapter IV as were accounts of methods used that were not originally mentioned in the questionnaire forms.

Other information considered. It was known as a result of four years of close association that the efforts of the school health services involved were not closely coordinated with instruction in health education in so far as students from School A were concerned. No investigation of health service activities was made at this time.

Mention should be made of the significance of the "Hospital Referral for Home Nursing Care" system included briefly in the questionnaires. In order to maintain a more continuous and consistent type of care and instruction for the patient who receives both hospital and home care, systems were developed through which nurses transfer nursing orders and information directly to other nurses. Where existing, the

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4 Helen M. Walker, Elementary Statistical Methods, (New York: Henry Holt Company, 1943), p. 8.

nurse replaced the social worker in this referral activity. Student nurse participation in such a system should strengthen her conception of the comprehensive aspects of nursing care and highlight her personal responsibility for patient teaching.[5]

One day of observation with a public health nurse was arranged for each student in School A, early in the time of her clinical experience. Observation was with a voluntary public health nursing agency, the city health department, or the public school nursing service. Arrangements were made cooperatively by School of Nursing A and a nursing council committee representing many nursing schools and agencies in the city. Two faculty members at Nursing School A were responsible for an orientation consisting of two hours of class and one hour for small group conferences, and for a one hour conference following the observation. Emphasis was placed on comprehensive nursing care and how it can be provided. Outlines prepared by the nursing council committee and used for orientation and follow-up are included in appendix B. Because the activities involved were so thoroughly outlined it was not considered necessary to investigate them further for this study.

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5 Panel Discussion, "Using Community Facilities for Better Patient Care", Fifty-third Annual Report of the National League of Nursing Education. (New York: 1947), pp. 209-213.

Summary. The normative-survey method with use of the interview technique was chosen for this study. The collegiate nursing school program investigated included instruction at the college itself, five affiliated hospital schools, and one public health nursing agency. Sixty-three persons, concerned in some way with the education of student nurses, were interviewed with the aid of previously constructed questionnaires. Plans were made for the quantitative interpretation of information obtained and for the use of illustrative comments made by those interviewed.

CHAPTER IV

ANALYSIS OF DATA

Introduction. This chapter is concerned with the analysis of information obtained in interviews concerning the means of preparing student nurses for health teaching. It contains tabular presentation of data related to the central issues of the problem, namely : basic information about health facts and health practices, the presentation of social influences related to health, the learning of the principles and methods of teaching, as well as information concerning the preparation and distribution of personnel concerned with teaching student nurses and the opinions they told regarding health teaching by student nurses. Some example applications of method are discussed in the text.

It should be stressed at the outset that the material obtained in interview was dependent upon the information recalled by the person interviewed. Very few records were referred to by those interviewed. In every instance, however, the person interviewed was talking mainly about his own activities.

The mutual understanding of terms used in questioning offered little difficulty, since the face to face contact made it possible to explain and illustrate until an understanding

had been reached. Illustration of meaning provided some interesting examples that will be included in later paragraphs.

In the preliminary phases of the study, it was found that few persons were able or willing to estimate the number of times they did certain things in a week or in a course, but that they were less reluctant in saying that the same happening took place often or seldom in a given unit of experience. Examples given after such terms permit a broad approximation of often as "occuring many times per unit", of occasionally as "occuring a few times when the opportunity presented itself", of seldom as "occuring once or twice", and rare as "possibly occuring once for part of the student group".

I. CONTENT RELATED TO THE LEARNING OF HEALTH FACTS AND PRACTICES

Instructors of courses suggestive of content regarding health facts and practices were interviewed and it was found that 23 courses contributed an estimated 587 hours of instruction. Fifty-seven percent of these courses were known to have objectives for teaching health facts or practices to students. While the existence of course objectives is not a guarantee of emphasis, it was considered an indication of the instructors' recognition of the importance of the area.

The twelve available hospital ward teaching programs and three of the district teaching programs of Agency G. were grouped as "Ward Teaching Programs" since their purposes and functions are much the same, although several hospital wards may be included in a program, and only one visiting nurse district is included in each district program. It was found that the content concerned with health facts and practices was extremely variable and difficult to estimate, but that the range was from a "small amount" up to forty-two percent of the average weekly group teaching time. Forty-seven percent of the programs had pertinent objectives.

Table III was made to express the details of distribution of course and ward teaching efforts in the home school and in each affiliating school as they pertained to health facts and practices.

One additional fact, not shown on Table III was that the instructor in Nursing and Health Service in the Family, given at School A in the senior year, claimed that roughly twenty hours of her course dealt with health facts and practices, while the concurrent experience with Agency G showed seven hours devoted to the same subjects. (Class plus district hours). Since an estimated 562 hours of pertinent instruction had preceded the senior period just mentioned, question was raised as to their effectiveness. The college instructor and agency supervisors said that students' deficient

TABLE III

ESTIMATED INSTRUCTION CONTENT RELATED TO THE LEARNING OF HEALTH FACTS AND PRACTICES

	SCHOOLS							
	A	B	C	D	E	F	G	All Schools
Courses								
Number including this content	11	4	4	1	1	1	1	23 courses
Percent with objectives for content.	(27*)	75	75	100	100	100	100	57%
Hours in Total Courses	776	146	154	92	55	54	15	1292 hours
Hours used for this content (est.)..	473	44	38	13	10	3	5	586 hours
Ward Teaching Programs								
Number incl. this content	0	1	4	1	4	2	3	15 programs
Percent with objectives for content ...	0	0	75	100	0	0	100	47%
Weekly average teaching hours on all subjects per ward ...	0	1.5	24	25	1.5	25	32	2.3 hours
Estimated amount of content on Health Facts and Practices ..	0	sm	hi	sm	20%	42%	10%	±

* non-nursing courses not known

± information did not support further interpretation

TABLE IV

SOME HEALTH FACTS AND PRACTICES INCLUDED IN INSTRUCTION FOR STUDENTS OF SCHOOL A

Normal Health Care	Health Care Adapted to Special Conditions
Care of infants	Congenital deformities
Child growth, development, guidance	Colostomy
Selecting toys for children	Scoliosis
Equipment for infants	Meningocele
Nutrition	Leukemia
Body mechanics	Neurological diseases
Prevention of infectious diseases	Gynecological diseases
Mental hygiene	Diabetes
Oral hygiene	Addison's disease
Gastro intestinal hygiene	Rheumatic heart disease
Menstrual hygiene	Coronary heart disease
Prevention of cancer	Peptic ulcer
Social hygiene	Tuberculosis
Pregnancy care	Venereal disease
Postpartum care	Respiratory infections
Community statistics	Arthroplasty
	Arthritis
	Drug-addiction
	Post-lobotomy

knowledge made instruction necessary.

Example subjects of health facts and practices taught were listed on Table IV under two headings, normal health care and health care adapted to special conditions. Repeated items were excluded, but it should be mentioned that diabetes, for example, was mentioned six times in this connection. This list was not intended to be comprehensive.

II. PRESENTATION OF SOCIAL INFLUENCES RELATED TO HEALTH

The presentation of social influences related to health was looked upon in this study as a means for securing motivation and comprehensiveness for health teaching.[1] Table V was prepared to show the efforts of each school in this area. Again the efforts of courses and Ward Teaching Programs were expressed separately. Twenty courses were found to make some contribution. It was noted that the thirty hour course in the last half of the senior year, Community Health Problems, claimed to be entirely devoted to the subject and that nursing courses tended to include often an emphasis of the social aspects. The four visits to health and social agencies were made to a city health department, a hospital outpatient

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1 C. E. Turner, "Social Aspects of Health Education," Journal of Educational Sociology, 22: 8-13, September, 1948.

TABLE V

ESTIMATED INSTRUCTION RELATED TO THE PRESENTATION

OF THE SOCIAL INFLUENCES ON HEALTH

	SCHOOLS							
	A	B	C	D	E	F	G	All Schools
Courses								
Number of courses inc. this aspect	8	4	4	1	1	1	1	20 courses
Percent of courses with objectives related to this aspect.....	(37)*	75	75	100	100	100	100	65%
Frequency in course content								
often.....	x[a]	x	x	x		x	x	
occasional.....	x[b]				x			
Visits to Health and Social Agencies.....	3	0	0	0	0	0	1	four visits
Percent of courses with asst. of Public Health Nursing Integrator.....	0	0	75	0	100	0	0	20%
Ward Teaching Programs								
Number of Programs examined.....		1	4	1	4	2	3	15 programs
Number of Programs inc. this aspect.....		1	4	1	4	2	3	15 programs
Percent of Programs with objectives related to this aspect.....		0	75	100	25	0	100	40%
Frequency of this aspect in program content								
occasional.....			x	x	x	x	x	93%
seldom		x						7%

(continued on next page)

TABLE V (continued)

	SCHOOL							
	A	B	C	D	E	F	G	All Schools
Referral for Home Nursing Care by Nurses								
% of Head Nurse active....		0	80	0	100	25‡	100	52%
Student Nurse "		0	20	0	0	0	100	16%
Integrator "		0	yes	0	yes	0		40% of hospitals
Public Health Nursing Integrator								
Function to promote with all workers			yes		yes			2 available
Assistance occasionally sought by % of head nurses.....			60		20			
Helps in planning & teaching for % of wards..			50		50			
Helps in teaching for % of wards (occasionally)			60		75			
Average hours of ward teaching on all subjects weekly		1.5	2.4	2.5	1.5	2.5	3.2	2.3 hours

* non-nursing courses not known

a nursing courses

b non-nursing courses

‡ outpatient department only

department, a hospital admitting office, and to the Social Service Index.

Ninety-three percent of the ward teaching programs were reported to include occasional emphasis on the social influences related to health. Because it is in the situation where patients are always available that the illustration of the social aspects can be most directly achieved, this response was interpreted as showing a wide recognition but not a strong emphasis of the social factor.

Since the public health nursing integrator is supposed to be especially prepared to interpret social and health influences, it was expected that her participation in course or ward teaching could strengthen it in that respect. It was found that two of the five hospital schools had such an integrator and that twenty percent of all courses including this emphasis had her assistance. In the hospitals where she was employed, an average of 67 percent of the wards received occasional teaching assistance from her.

Investigation of the programs for nurse referral for home nursing care showed none available in two hospitals, and only for the outpatient department in a third. This left two hospitals (C and E) and Agency G with the experience available. Only in Agency G did student nurses have a significant offortunity to participate.

Three objectives found to express the promotion of the

social aspects are quoted here.

> To understand the necessity for treating each patient as an individual with specific psychological, social, religious, and rehabilatative problems and to be able to guide him in making adequate adjustments in relation to his condition and total environment.[2]
>
> To recognize the mental and social significance of disease of the female reproductive organs.[3]
>
> An appreciation of the social problems resulting from indiscriminate use of drugs in order to be able to aid effectually in the prevention and treatment of such conditions.[4]

Among the examples given of the social implications of health were those concerned with economics, vital statistics, child and maternal welfare, isolation of infectious diseases, the use of social and health agencies, alcoholism, barbiturate poisoning, family problems with epilepsy, family problems with cancer, family problems with the paraplegic, adaptation to the environment with limited resources, problems of sterility, disfigurement as a social problem, mental health as it affects society, and the problems of an aging community.

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2 Syllabus of Surgical Nursing Course: Hospital C.

3 Course Outline for Gynecological Nursing: Hospital C.

4 Course Outline for Pharmacology: Hospital B.

III. ACTIVITIES RELATED TO THE LEARNING OF TEACHING PRINCIPLES AND METHODS

Course instruction. Table VI was prepared to show the estimated amount of course activity related to the learning of teaching principles and methods. It was found that twenty-one per cent of the twenty-four courses investigated were said to often present descriptions of teaching principles and methods, and that others were so concerned to a diminishing degree. The fact that, in all, sixty-two percent of the courses gave this factor some attention showed a wide spread awareness of its need. It should be mentioned that one course of fifteen hours, placed in the last part of the last year, dealt entirely with principles and methods of teaching but tended to emphasize teaching nursing to students more than teaching health to patients.

Class demonstration of teaching was looked upon as a method for illustrating the direct application of health teaching principles to nursing situations. Class demonstrations with teaching as a primary objective were said to occur in seventeen percent of the courses upon occasion and less frequently in eight percent of the courses.

Class demonstrations with teaching as a contributing objective, (usually a demonstration of physical care combined with a teaching activity) were said to occur often in thirteen percent of the courses, occasionally in eight percent and

TABLE VI

ESTIMATED COURSE ACTIVITIES RELATED TO THE LEARNING OF TEACHING PRINCIPLES AND METHODS

COURSES	SCHOOLS A	B	C	D	E	F	G	Total all Schools
No. of courses investigated	12	4	4	1	1	1	1	24 courses
Percent including descrip. of principles methods of teaching ...				0				Courses
entirely	8							4%
often	16	25	25				100	21%
occasionally	8	50	25		100			21%
seldom	16		25			100		16%
Percent including demonstrations of the teaching of patients on students								
Teaching, Primary objective					0	0	0	
often								
occasionally	17	25	25					17%
seldom			25	100				8%
Teaching, contributing objective								
often	17			100				13%
occasionally			25				100	8%
seldom		25			100	100		13%
Students participate in demonstration			0		0			
often								
occasionally	25	25					100	21%
seldom				100		100		8%
Reading Assignment for teaching content or method								
often	33						100	21%
occasionally		50	75	100	0	100		29%

(continued on next page)

TABLE VI (continued)

	SCHOOLS							Total all Schools
	A	B	C	D	E	F	G	
Instructor confers. with students regarding teaching plans		0	0	0	0	0	0	
occasionally	17							8%
Instructor observes student teaching in clinical situ.				0	0		0	
occasionally.....	17	25						13%
seldom		25	25					8%
rare.....						100		4%
Number of Nursing care studies expected to include account of patients health teaching needs	1	2	0	0	0	1	0	5 studies
Instructor's estimate of % of studies actually including								
often	x	x				x		100%
occasionally								
seldom								
Number of written plans for teaching required	3	1	1	0	0	0	0	5 plans

seldom in thirteen percent. Student participation in such demonstrations was small. Demonstration subjects included teaching of diabetic urine test, administration of insulin, the baby's bath, the maintainance of a therapeutic position for the torticollis patient, the use of the aerosol nebulizer, adjustment of environment for a lobotomy patient, and occupational therapy demonstrations of pottery, weaving, dress construction, and stencilling. In one science course at the college, students were required to give demonstrations of laboratory techniques for other students' learning, a teaching experience, although not related directly to health teaching.

Reading assignments concerned with health teaching content or method were used often in some college courses and in Agency G. Affiliated Hospital Schools occasionally made such assignments. The reading included articles in The American Journal of Nursing, Hygeia, The American Journal of Dietetics, Public Health Nursing, pamphlets from the American Cancer Society, and textbooks of nursing and hygiene.

Only at the college did instructors confer with students regarding teaching plans made by the student.

College instructors observed students making their first, limited teaching efforts in the preclinical summer sessions. Hospital instructors as a whole observed very little of the teaching done by students in the clinical situation.

Nursing care studies are a form of case study written

by students. Those written were expected to include an account of the health teaching needs of patients. A total of five studies were required by course instructors, and all agreed that students often included such an account.

Written plans for teaching, so often the guide of the beginning teacher, were required in five instances, and only two of these were at a time when patients were available to make possible their use.

Group instruction in the clinical field. Table VII was prepared to show the activities in the clinical field that were related to the learning of teaching principles and methods. Of the group activities in the ward and district teaching programs, it was found that twenty percent were said to often describe the principles and methods of teaching, and forty-eight percent occasionally described them. This appeared to indicate a wide spread concern for the teaching factor as a part of nursing.

Agency G used demonstrations of teaching often. Thirty-two percent of all ward programs used such demonstrations occasionally. Regarding demonstrations with the teaching of patients as a contributing objective, Agency G used them often in all programs, whereas hospital programs used them noticeably less.

Students apparently had few opportunities to participate in demonstrations.

TABLE VII

ACTIVITIES IN THE CLINICAL SITUATION RELATED TO

THE LEARNING OF TEACHING PRINCIPLES AND METHODS*

Percent of Clinical Units in Which Activity
Was Said to Take Place

Schools	B	C	D	E	F	G	Total for all Affiliations
Number of Clinical Units Investigated**	5	5	3	5	4	3	25 Units
Number of Ward Teach. Supervisors Consulted	1	4[a]	1	4	2	3	15 Supervisors
Group Activities							
Description of Teach. Principles & Methods							
often			67		25	67	20%
occasionally	60	100		60		33	48%
seldom							none
rare							none
Demonstrations of the Teaching of patients or students							
Teach. Primary objective							
often						100	12%
occasionally	40	80		40			32%
seldom			33				4%
rare					25		4%
Teach. Contribu. "							
often			33			100	16%
occasionally		20					4%
seldom							none
rare				20	25		8%
Students participate in Demonstration							
often							
occasionally							
seldom	20					100	16%
rare		100	33	100	25		48%

(continued on next page)

TABLE VII (continued)

Schools	B	C	D	E	F	G	Total for all Affiliations
Reading Assignments for teach. content or methods							
material available		yes		yes		yes	Known to be ava. for 52% of units
not determined ...	--		--		--		
Emphasis on the Teach. needs of specific patients							
often	40	80	33	40	25		44%
occasionally		20	33	40	50		24%
seldom	60			20			16%
not determined						--	12%
Graduate nurse demons. with actual patient							
often						100	12%
occasionally	20	20		40			16%
seldom			100		100		28%
Activities for Indivi. Students							
Written plans for Teaching	0	0	0	0	0 see records		none except for records in Agency G
Assignment to Patient care for Teaching Experience				0			
often		20				100	16%
occasionally	20	40			20		16%
rare			33				4%
Conference with Students regarding teaching plans							
often		40	67	20	25		24%
occasionally	80		33	20	25		28%
seldom				60			12%
not determined						--	12%

(continued on next page)

TABLE VII (continued)

Schools	B	C	D	E	F	G	Total for all Affiliations
Supervision of student while teaching patients							
by supervisor	0						
often					50	100	27%
occasionally		100					33%
seldom							none
by head nurse**							
often			100			100	24%
occasionally				40			8%
seldom	100	100			50		48%
Number of Nursing care studies expec. to include account of patients' health teaching needs	0	4	1	4	0	all case rcds.	9 nursing care studies- all patients records for Agency G
Supervisor's estim. of % of studies actually including							
often		100	100	50			87% studies
occasionally				50			22%
seldom						100	100% case records
Basis for evaluation of students teaching accomplishments used by head nurses							
Anecdotes (2-12)	40	60	33	60	0	100	48%
Reports from other graduate nurses	40	40	67	20	0	100	40%
Patients comments	20	20	33	20	0	67	24%
Doctor's comments	20	20	33	0		0	12%
Conference with student	20	40	67	20	0	100	36%
General observation	100	60	100	80	75	100	84%
Case records						100	12%
No evaluation done					25		4%

** Head nurse consulted for every unit
* School A depends upon affiliated schools for clinical field
a The outpatient department and diet kitchen supervisors are included here.

This group was not questioned about reading assignments, but evidence was given that in hospitals C and E and Agency G pamphlet, reprint, and textbook materials were available in the clinical unit.

To determine the use of available illustrative situations, the frequency of emphasis on the teaching needs of specific patients was sought. Forty-four percent of the units investigated often emphasized those needs and forty percent less frequently did. Examples of recently used needs of specific patients included ten references to diabetic patients and fewer references to dietary needs, postpartum hygiene, infant care, personal hygiene, weight control, sex-hygiene, toilet training, crutch walking, self examination of the breasts for lumps, birth control, fluid intake control, mental hygiene, recreational occupations during illness, and regimen for home care or self management of colostomy, peptic ulcer, heart disease, paraplegia, and arthritis.

Demonstrations of teaching of actual patients by graduate nurses were found to be few except in Agency G. This meant that the student nurse had few opportunities to observe real teaching of patients done by an expert.

Individual instruction and practice in the clinical field. The activities planned or required for individual students were considered next. No written plans for patient

teaching were made by students except in the few instances when they were done on the case record forms in Agency G.

The provision of opportunities for the guided application of teaching principles in the actual care of patients was investigated. Only in Agency G and one unit of Hospital C was the assignment to patient care often made for the purpose of gaining teaching experience for the student. Altogether thirty-six percent of the units provided some assigned experience of this sort.

Sixty-five percent of the units indicated that conferences regarding students plans for teaching patients took place between head nurses or supervisors and students with varying frequence. Examples suggested that content for teaching was more often discussed than the methods by which it was to be achieved. Through an oversight Agency G was not questioned directly on this point, but the impression was given that conferences often occured.

Supervisional observation of students while they were teaching patients occured most consistently in Agency G and Hospital D. Of the entire group of head nurses, twenty percent claimed no supervision of students who were teaching patients. Hospital ward teaching supervisors supplemented the head nurses observation of these experiences occasionally in 100 percent of the units of Hospital C and often in fifty percent of the units in Hospital F. Some examples were given

of instances in which students were supervised while teaching patients. Agency G supervisors and staff nurses often observed students teaching in patients homes on subjects such as prenatal and postnatal care and all types of hygiene and family care. Other examples from the hospitals were: teaching mothers to bathe and feed babies, special procedures for self care in arthritis, diabetes and Addison's disease, and recreational activities for mentally ill patients. In a number of instances discharging patients from the hospital was looked upon as a teaching activity. In the latter cases there did not appear to be a clear realization of the limitations of that occasion for effective teaching.

In Hospitals C, D, and E nine nursing care studies were written as a part of the ward teaching assignment rather than as a course assignment. The consistency with which the patients' health teaching needs were considered in the studies was essentially the same as those previously discussed under course activities.

Evaluation of student health teaching. Reports on the students' performance of all patient care activities were written by head nurses in the hospitals and supervisors in Agency G. All report forms except those of Hospital D provided for an evaluation of the students' teaching performances. Hospital D's form referred to the quality of approach and

sensitiveness to patients' reactions.

All of the factors influencing the evaluation of the students'teaching accomplishments are listed on Table VII (p.) with the percent of units in each school using each method indicated. Many clinical units used several factors for each evaluation. Anecdotal records which should provide the most objective basis for evaluation were used in forty-eight percent of the cases. From 2 to 12 anecdotes were said to be available, with the highest number used by Agency G. The term "General Observation", said to apply in eighty-four percent of the cases, suggested the least specific basis for evaluation. Hospital F used only general observation in all areas. One head nurse in Hospital F said that she never used that portion of the report that was concerned with teaching.

Participants in instruction. It was not the intention of the study to determine absolutely all of the participants in clinical instruction. Since quite a number of others were named by those interviewed, Table VIII was prepared to show what personnel might be considered in future teaching plans.

In all instances there were persons who supervised the planned teaching that took place in ward or district units. There was, however, no observed central coordination for the teaching activities of all schools. In the hospitals, head

TABLE VIII

SOME PARTICIPANTS IN CLINICAL COURSE, WARD, AND DISTRICT INSTRUCTION*

	SCHOOLS					
	B	C	D	E	F	G
**	Co:Wa	Co:Wa	Co:Wa	Co:Wa	Co:Wa	Co:Di
Nurse-Instructor	x	x	x	x	x	x
Physician	x x	x	x x	x x	x	
Nurse-Supervisor	x x	x x		x	x x	x
Head Nurse	x	x	x x	x	x x	
Staff Nurse	x	x	x			x
Student Nurse	x x	x	x			
Social Worker	x	x		x		
Dietician	x x	x		x		
Physiotherapist			x x			
Occupational "	x		x x	x		
PHN Integrator		x		x x		
Blue Cross Agent			x			
Social Hygienist		x				
School Teacher				x		
Epidemiologist					x	
Director Breast Milk Agency					x	

* Information incidental to study, not purposefully sought.

**Co - course, Wa - ward, Di - district

TABLE IX

PERSONNEL PLANNING TEACHING FOR STUDENTS

ON WARD AND PUBLIC HEALTH NURSING DISTRICT

	SCHOOLS					
	B	C	D	E	F	G
Supervisor of Clinical Teaching	x	x	x	x	x	x
Head Nurse	x	x	x	x	x	
Staff Nurse						x
Students			x			
Public Health Nursing Integrator		x		x		

nurses prepared most of the actual teaching periods, or arranged for other personnel to take part in the instruction. In the districts of Agency G, staff nurses carried a good portion of the planning for the students assigned particularly to them. Where available, the public health nursing integrators contributed in some areas to the planning of ward teaching. In Hospital D, the supervisor was chairman of the Committee on Ward Teaching which also contained members of the head nurse group and one student nurse. This committee acted in an advisory capacity and individual head nurses reported a feeling of complete responsibility for the teaching on their own wards. Only in Hospital D was such a committee mentioned. Table IX indicates the positions held by those who planned clinical instruction for students. (p.)

IV ADDITIONAL ACTIVITIES CONTRIBUTING TO TEACHING PREPARATION OR EXPERIENCE

When those interviewed were asked about additional methods not provided for in the original interview form, the following information was given.

School A. The course in nutrition included the use of food charts, and charts on nutritional experimentation in animals.

The first course in nursing arts included a pretest on health ideas. The course in community health problems contained

discussions of committee and other group efforts for achieving health education.

Hospital School B. In Hospital B all students had a diet kitchen experience which included the planning of specially modified diets and an opportunity to visit patients on the ward when checking and serving trays. This was supposed to serve as a basis for helping to teach patients to plan their own diets, although the major portion of patient teaching was done by dieticians. Some students had an opportunity to observe dieticians teaching patients about diet in the outpatient department. Also in the outpatient department, students had some chances to talk with patients in the waiting rooms. This was considered an opportunity for teaching. Social worker's conferences with students who were writing case studies contributed to the interpretation of teaching situations. The availability of doctors for answering questions and volunteering information regarding patients' conditions helped in some instances. One head nurse pointed out that she relied heavily on the daily contact with patients' questions to stimulate teaching.

Hospital School C. In Hospital C, the diet kitchen assignment provided essentially the same experiences as in Hospital B. In one nursing course the instructor used

specially prepared slides illustrating the teaching of the paraplegic patient. Another instructor prepared study questions related to problems in patient teaching for every unit of her course. In one division of the hospital, a few students participated in a symposium on teaching patients. The hospital had printed and made available instructions for patients with certain conditions such as diabetes, Bergers' disease, and postoperative cup arthropasty. Student attendance of doctors' rounds was said to result in increased information and recognition of the teaching needs of some patients. On one ward, the continuous presence of patients'relatives due to the high number of danger list patients provided some opportunity for preparing relatives for the home care of the sick. The public health nursing integrator made available to others pamphlets, charts, and bibliographies concerned with health teaching. At the time of interview, she was working on the preparation of a manual for student use in teaching.

Hospital School D. Students began the experience at Hospital D by taking a pretest on their opinions of psychiatry, an experience which could be useful to teaching preparation. Later in the assignment, some students participated in a symposium on total patient care. In the occupational therapy department, an examination was given that called for an analysis of teaching factors found in that experience.

Hospital School E. The public health nursing integrator for Hospital E served as Chairman of the Staff Education Committee and so contributed to the implementation of health education emphasis for graduate nurses. On some wards a correlated half day of observation in the outpatient department was arranged. In one division a monthly conference on total nursing care was held and some students wrote plans for the home care of patients. One ward was being used as an experimental station by the United States Children's Bureau. On this ward parents were encouraged to stay in the hospital and care for their own children as much as possible. This necessitated much teaching by nurses. A ward for orthopedic care had an extensive program for the entertainment of children carried on largely by graduate nurses and special workers. Emphasis was placed strongly by one head nurse on the need for consistency in childhood experiences. Much of the teaching in this hospital was for parents, rather than patients. Students had some opportunity to observe, but little opportunity to participate in teaching parents.

Hospital School F. The basic course for all students at Hospital F included the use of a film explaining ovulation and one on the collection, care, and distribution of mothers' milk. Some students had an opportunity to attend a class for mothers given by a nursing supervisor. In this class, group

conference techniques were used to locate patients learning needs. A similar class given by a doctor was observed by some students. Graduate nurses held most of the responsibility for answering patients' questions.

Agency G. The educational director in the public health nursing agency held two discussion periods on the evaluation of the role of the nurse teacher. Every district office in this agency had available a large number of pamphlets produced by insurance companies and public and private organizations with strong health interests such as the American Cancer Society, American Social Hygiene Association, and the American Foundation for Mental Hygiene.

V. OPINIONS ON STUDENT HEALTH TEACHING

Each person interviewed had an opportunity to express his opinion on the quality of health teaching done by students from School A. Table X was prepared to show those opinions. Because of differences in preparation and type of contact with students, supervisors and instructors were considered in one group and hospital head nurses in another. Since the college faculty obviously had no opportunity to observe sufficiently to justify an opinion, that group was omitted. It should be emphasized that these opinions were given without reference to record and therefore probably had a low validity.

TABLE X

OPINION ON AVERAGE QUALITY OF HEALTH

TEACHING DONE BY STUDENTS FROM SCHOOL A

	SCHOOL						
	B	C	D	E	F	G	Total all Schools
Percent of Hospital & Agency Instructors and supervisors							
good		11		17	33		10%
fair		22	100	17	33	50	28%
weak		11				25	7%
no basis for answer	100	56		66	66	25	55%
Hospital Head Nurses							
good	40	20	67	60			40%
fair	20	20		20			15%
weak							
no basis for answer	40	60	33	20	100		45%

The most significant fact related to the question was that fifty-five percent of all instructors and supervisors felt that they had no basis for answer and that forty-five percent of head nurses gave the same reply. This answer suggested that a large number of persons supposedly working closely with students knew little about the amount or effectiveness of teaching done by student nurses.

Among the comments made by those who were unable to give an opinion about teaching by students, the following phrases were of interest. Some were made many times.

1. Limited opportunity to observe teaching by students
2. Too few students from School A assigned recently
3. Short assignment of student to ward
4. Busy department gives little opportunity to observe or for students to teach
5. Gown worn in this department prevents recognition of school that student represents
6. Students have insufficient opportunity to teach patients
7. Student experience interrupted by relief to other wards
8. Graduate nurses do most of the teaching
9. Teaching not stressed on the ward
10. Students are not prepared for teaching in many instances
11. Private doctors do not want nurses to do any teaching

Unfavorable comments about the quality of teaching done by students were interpreted by some of those interviewed as related to the following causes.

1. Weight of patient care assignments permits little teaching.

2. Insufficient quality of instruction and guidance for recognition and practice

3. Pressure of busy clinics

4. Lack of recognition of teaching needs

5. Other workers such as dieticians and physiotherapists have more teaching opportunity than nurses

6. Nurses have the opportunity but lack the time to go into it deeply

7. Lag in information from medical sources as to what is acceptable content for teaching

8. Lack of knowledge of the teaching and learning process

9. Lack of opportunity to develop teaching skills

10. Student nurse often doesn't know what she is allowed to teach

11. Lack of experience with patients

Among the favorable opinions of patient teaching by students from School A were found the following supplementary comments.

1. Contact with students indicates that they are concerned about teaching

2. Their awareness of teaching needs is evident in case studies

3. Patients' comments indicate that the student teaches effectively

4. Students from School A show more confidence in dealing with people than does the average student nurse

5. An unsubstantiated feeling that some good teaching is done

6. College preparation seems to help

7. Students have a comprehensive point of view.

8. Students from School A seem more mature

9. Students show good understanding of patients and families and establish good relationships with them

VI. PREPARATION OF PERSONNEL INTERVIEWED

On the assumption that the study of certain courses by personnel working with students may have increased their interest and effectiveness as promoters of health teaching, those interviewed were asked if they had studied courses as listed on Table XI, principles and methods of teaching, psychology of learning, health education, public health nursing, and public health. In the college, non-nurse instructors were found to have been less fully exposed to those subjects than nurse-instructors. Of the instructor and supervisory group in hospitals and agency, the number prepared for teaching was high, but those subjects leading to preparation for health teaching were less in evidence. The head nurse group was less fully prepared than the others and preparation of those in Hospitals B and C was particularly low. Except for nurse instructors at the college, only a small number of any group

TABLE XI

COURSES STUDIED BY PERSONNEL INTERVIEWED THAT MAY CONTRIBUTE TO HEALTH EDUCATION INTERPRETATION AND IMPRESSION OF INTEREST IN HEALTH EDUCATION GIVEN BY THEM

Percent of Those Interviewed	SCHOOLS A nurses	A others	B	C	D	E affiliated	F	G	Tot. for schools
College Professors & Instructors									
Principles & Methods of Teaching	100	50							
Psychology of Learning	100	50							
Health Education	75	38							
Public Health Nursing	100	0							
Public Health	100	25							
Impression of Interest									
enthusiastic	75	25							
moderate	25	63							
lack of		12							
Hospital and District Instructors and Supervisors									
Principles & Methods of Teaching			100	77	100	100	100	100	93%
Psychology of Learning			100	67	0	100	67	75	83%
Health Education			20	22	100	0	0	0	17%
Public Health Nursing			80	67	0	50	33	100	62%
Public Health			20	33		33	33	100	38%
Impression of Interest									
enthusiastic			40	56		33	33	100	48%
moderate			60	33	100	50	67		45%
lack of				11		17			7%

(continued on next page)

TABLE XI (continued)

Hospital Head Nurses	A	B	C	D	E	F	G	Tot. for affiliated schools
	SCHOOLS							
Principles & Methods of Teaching		20	0	67	40	75		36%
Psychology of Learning		0	40	100	20	25		32%
Health Education		0	20	33	0	0		9%
Public Health Nursing		20	40	33	40	75		41%
Public Health		0	0	0	20	50		14%
Impression of Interest								
enthusiastic			40	67	20			23%
moderate		80	60	33	60	75		64%
lack of		20			20	25		13%

had studied courses classified as Health Education.

Although the interpretation of impressions of interest are of necessity somewhat subjective, an effort was made to classify each person interviewed in terms of his apparent interest in health teaching. These impressions were tabulated with course preparation on Table XI. There appeared to be some positive correlation between enthusiasm and degree of preparation for health teaching as the groups were presented. In only a few instances however, was an impression given of a lack of interest in health teaching.

Summary. It has been the purpose of this chapter to analyze the data obtained in such a way as to permit recognition of the total efforts of the program and those of individual affiliated schools in the preparation for health teaching of student nurses from School A. Space was devoted to enumeration of illustrative comments about the methods used and the opinions of those interviewed. The following statements summarize the major findings.

1. Throughout the program, a large amount of time was devoted to teaching students about health facts and health practices and the subjects basic to them.
2. In many courses taught, there was a promotion of an understanding of the social aspects of health; in the clinical field, fewer attempts were made to

secure direct applications of that understanding.

3. Throughout the program, there was considerable discussion of the principles and methods of teaching; the direction of activities to promote the application of principles in real situations was, on the whole, limited.
4. In the hospitals, about half of the persons with some responsibility for student instruction and supervision did not know what kind of health teaching, if any, was being done by students from School A. Public health nursing supervisors were well informed on this point.
5. There were some pressures within the hospital that prevented or limited health teaching by student nurses.
6. Non-nurse college instructors and hospital head nurses had less recognizable preparation to promote health teaching than did others.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction. This chapter presents a summary of the study and the conclusions and recommendations drawn from the data obtained. Because this investigation was considered a service study, a plan for applying recommendations will be given in chapter VI.

I. SUMMARY

This investigation of the efforts made by a collegiate school of nursing to prepare student nurses for health teaching used the normative-survey method with the interview technique. The study attempted to locate the efforts made to direct student learning toward (1) the acquisition of knowledge of subject material essential for health teaching, (2) the development of an understanding of the social influences related to health, (3) the acquisition of knowledge of the teaching process, and (4) the development of skill in teaching patients. It also attempted to locate the measures used to evaluate student accomplishment in health teaching.

Data were obtained through interview of sixty-three persons concerned with the instruction and supervision of student nurses of collegiate School of Nursing A.

The major findings are repeated here.

1. Throughout the program, a large amount of time was devoted to teaching students about health facts and practices and the subjects basic to them.
2. In many courses taught, there was promotion of an understanding of the social aspects of health; in the clinical field fewer attempts were made to secure direct applications of that understanding.
3. Throughout the program, there was considerable discussion of the principles and methods of teaching.
4. The direction of activities to promote application of teaching principles in real situations was, on the whole, limited.
5. In the hospitals, about half of the persons with some responsibility for student instruction did not know what kind of health teaching, if any, was being done by students from School A. Public health nursing supervisors were well informed on this point.
6. There were some pressures within the hospitals that prevented or limited health teaching by student nurses.
7. Non-nurse college teachers and hospital head nurses had less recognizable preparation to promote health teaching than did others working with these students.

II. CONCLUSIONS

The conclusions drawn applied to the Program of School of Nursing A and in part to the affiliating programs in Schools B. C. D. E. and F and Agency G. They should not be applied to the total programs of affiliated Schools B, C, D, and E, since there were many areas of study provided for their own students that were not investigated here. Those conclusions dealing with the activities on wards and public health nursing districts were considered applicable to the experience of any students receiving experience there.

The acquisition of knowledge of subject material essential for health teaching. The following conclusions were based upon the time devoted to the subject as estimated by those interviewed, the wide distribution over the entire curriculum and comments of those who instructed students in the senior period.

1. Student learning was directed toward an acquisition of knowledge of subject material for health teaching.
2. College courses devoted more time to subject material for health teaching than did clinical course or field instruction.
3. Further study is needed to determine the economy and effectiveness of effort used in presenting subject material essential for health teaching.

The development of understanding of the social influences related to health. The following conclusions were based upon reports of course and other group teaching activities, the deficient number of public health nursing integrators available, the incompletely developed systems of referral for home nursing care, and the small number of observations planned with other health and social agencies.

1. Widespread efforts were made through group teaching activities to promote general understanding of the social influences related to health.
2. In the clinical field, with the exception of Agency G, efforts to direct student application of understanding of the social influences were limited.

The acquisition of knowledge of the teaching process. The following conclusions were based upon the diffuse and uncoordinated efforts to present information about the principles and methods of teaching and the relatively small use of methods such as demonstration, reading, and conference that would augment such learning.

1. Efforts were made to direct the student toward an acquisition of knowledge of the teaching process.
2. Earlier, unified presentation of the principles and methods of teaching and increased use of demonstration, conference, and reading could reduce

the number of descriptive references needed in the total program.

The development of skill in teaching patients. These conclusions were based upon the relatively infrequent use of the assignment to patient care for reasons of experience in teaching, the small amount of guidance and supervision provided for teaching done by students, and the comments of those interviewed about the factors preventing teaching by students.

1. Except for two months spent with Agency G, student learning was not sufficiently directed toward the development of skill in teaching patients.
2. Service pressures in hospitals, failure of head nurses to promote patient teaching opportunities for students, and lack of cooperation from physicians were important factors contributing to the hindrance of student development of skill in health teaching.
3. Study is needed to determine how continuity of student contact with patients can be provided to a degree that permits adequate opportunity for effective health teaching.

The evaluation of student accomplishment in health teaching. With the exception of Agency G, the monthly

evaluation of student performance in health teaching was done by head nurses who tended to have many work pressures, who made few actual observations of student teaching of patients and who were themselves oftenddeficient in formal preparation for interpreting health education. Slightly less than half of the head nurses used written anecdotes of actual observations in preparing reports and of these as few as two anecdotes were available in some instances.

1. In order of frequency, the most common measures used in the evaluation of student nurse performance of health teaching were general observation, anecdotal records, reports from other graduate nurses and conference with students.
2. The evaluation of student nurse performance in health teaching is probably not valid.

The preparation and interest of personnel interviewed. The following conclusions were based upon the reports of those interviewed as to the courses they had studied and upon the impressions created by them at the time of interview.

1. Non-nursing college teachers and hospital head nurses were less well prepared to promote health education than were nurse-teachers and supervisors.
2. The majority of persons concerned with the instruction and supervision of students from School

A were moderately interested in health education.

The segments of the program. Impressions gained in interview and examination of the tabulated data led to the following conclusions.

1. With the exception of the one day observation in public health nursing, there was no recognized coordination of teaching plans among the various segments of the program as it was concerned with preparing student nurses for health teaching.
2. Agency G made the strongest contribution to the promotion of student skill in health teaching.
3. In most respects, Hospital C made a stronger contribution to student preparation for health teaching than did Hospital B. (Students were assigned to one or the other.)
4. Hospital F made the weakest contribution to student preparation for health teaching.
5. Hospital D and Agency G gave a greater amount of supervision to students than did other schools.

The total program. In summary, it was concluded that the program of collegiate nursing School A did attempt to prepare its students for health teaching, but did not take advantage of all of the recognized necessary means for doing so.

III. RECOMMENDATIONS

The findings and conclusions of this study led to the following recommendations. A plan for the application of recommendations is contained in chapter VI.

1. Study should be made of the economy and effectiveness of the presentation of subject material essential for health teaching.
2. Opportunities for directed application of understanding of the social factors related to health should be increased.
3. Efforts should be made to provide more effectively and economically for student preparation in the principles and methods of teaching health to individuals and small groups.
4. Throughout the clinical experience, opportunity should be made to permit the development of skill in teaching health to patients.
5. Effort should be made to establish the use of effective measures for evaluating the health teaching done by student nurses.
6. Means should be sought to improve the information, interest, and participation of all instructional and supervisory personnel for coordinated preparation of student nurses for health teaching.

CHAPTER VI

A PLAN FOR APPLYING RECOMMENDATIONS

Introduction. Since this study was undertaken for service purposes, recommendations were made for the future efforts of the school to prepare student nurses for the health teaching functions that are an accepted part of total nursing care. In making the plan for their application, it was kept in mind that any consideration of adjustment of a fundamental part of a curriculum necessitates keeping in view all of the desired outcomes of the curriculum.

The plan was formulated with an attempt to provide for the application of the principles of group dynamics[1] through committee participation[2] expanded to include student participation. Burton's[3] principles of modern instructional practice, Kingsley's[4] concepts on the transfer of training and

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1 Stuart Chase, The Proper Study of Mankind (New York: Harper Brothers, 1948), p. 243.

2 Committee on Curriculum of the National League of Nursing Education, A Curriculum Guide for Schools of Nursing, (New York: National League of Nursing Education, 1937), p. 106.

3 William H. Burton, The Guidance of Learning Activities (Appleton-Century-Crofts, Inc., 1944), pp. 222-237.

4 Howard L. Kingsley, The Nature and Conditions of Learning (New York: Prentice, Hall, Inc., 1946), pp. 521-554.

Tyler's[5] analysis of current developments in professional education contributed ideas concerning the form that recommendations should take.

Administration of the curriculum. At the time of the study, School A took no part in the administration or conduct of the education of its students while they were at the various affiliated schools. General agreements as to the subjects to be taught and the clinical service experiences provided were all that existed. In the college itself, much of the education took place in other departments with only superficial exchange of ideas with the faculty of School A. This situation did not facilitate good coordination or integration of educative activities.

To achieve a state of affairs in which it would be possible to strengthen essential elements in the education of the student, such as the preparation for health teaching, it was recommended that provision be made for the faculty of nursing School A to participate actively in the planning of essential studies and experiences both at the college and in the affiliating schools.

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5 Ralph W. Tyler, "Trends in Professional Education", American Journal of Nursing, 49: 50-56 January, 1949.

The curriculum at the college. At least one faculty member with professional rank in Nursing School A should be delegated to organize a curriculum committee of representative faculty members from other departments and students from the school. The committee should include faculty from the Department of Biology (anatomy, physiology, bacteriology, communicable disease control, problems in community health), the Department of Home Economics (nutrition), Chemistry, Physics, Social Studies (sociology), Philosophy and Psychology (psychology), the college physician, and two students, with a consultant in Health Education if a member of the Nursing Faculty does not qualify in that area.

After an orientation to the aims of Nursing Education, it should be established that the function of the committee is to help School A seek ways of accomplishing teaching that are effective, economical, and pointed toward principles that are essential in a broad preparation for nursing with provisions for guidance toward direct applications to real life situations whenever possible.[6]

The essential agenda of the College Curriculum Committee should cover the subjects described in the following paragraphs.

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6 Lucille Petry, "The Preparation of Teachers for Nursing Schools to Meet New Demands and Responsibilities", Forty-eighth Annual Report of the League of Nursing Education, (New York: 1942), pp. 190-195.

Study should be made to determine the means by which subject material could be reorganized and taught to provide for the best possibility of an application of principles in the actual nursing experiences of the student.[7] It was hoped that this would lead to larger blocks of instruction and involve the closer placement of the principles and methods of teaching, psychology, and clinical practice. It was further hoped that this would lead to a clearer recognition of the content to be used as a basis for health teaching as well as for the other nursing skills.

Provision should be made for the development of an emphasis on the physical, mental, and social characteristics of the normal individual. The college health service should be encouraged to take an active part in executing this emphasis.[8]

Efforts should be made to increase the use of visits and observations of health and social significance including nursery schools, public schools, voluntary agencies with health educative functions such as the National Tuberculosis Association and the American Cancer Society, health departments, social

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7 Ralph W. Tyler, "Trends in the Preparation of Teachers" Forty-eighth Annual Report of the National League of Nursing Education, (New York: 1942), pp. 185-190.

8 Mary Ella Chayer, Nursing in Modern Society (New York: G. P. Putnams' Sons, 1947), pp. 207-219.

agencies such as the Family Society and the Urban League, civic recreational programs, and industrial projects. Early observation of public health nursing activities should be continued.[9]

Provision should be made for seminars[10] on patient care problems which would be attended by specialists from the science and social study areas, nurse educators and physicians and others from the clinical field as well as students. Here an emphasis should be placed upon the health educative aspects of the patients' experience.

Testing programs[11] should be developed to aid in the diagnosis of learning needed as a basis for teaching health to others with a resultant sharper focus on needs in health content.

The collection and promotion of reading resources that emphasize health teaching content and method should be undertaken.[12]

Systems should be set up for continuously evaluating the effectiveness of the program.

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9 Committee on Curriculum, National League of Nursing Education, Opus cit., p. 399.

10 Ralph W. Tyler, "Trends in Professional Education", American Journal of Nursing, 49: 54 January, 1949.

11 Margaret M. Leonard, "Evaluation of Programs in Health Education", California Journal of Secondary Education, 23: 89-96 February, 1948.

12 Ruth Freeman, "Teaching Nurses to Teach", American Journal of Nursing, 42: 406-416, April, 1942.

The curriculum in the clinical field. The clinical fields should be considered most important in the development of knowledge of conditions in which there are variations from normal health and as the place in which the development of nursing skills can occur. It has been established that these skills include teaching for health.

Fundamental to coordination or integration of the activities of the clinical field with those of the college is the active participation in the field of some persons who are actively concerned with the total educative plan for the student. This means that there should be at least one nurse educator appointed by the college to each of the affiliated hospitals and Agency G for the purpose of interpreting the needs of its students and for guiding the learning activities that are important in meeting their needs. The placement of college personnel in clinical fields is established policy in a number of collegiate nursing schools such as Skidmore College and Boston, Vanderbilt, Y ale, and Western Reserve Universities. These nurse educators must be well qualified to recognize and promote total nursing care and to skillfully take part in group planning activities for education. For purposes of clarity, they will be designated here as the college clinical instructors.

It should be the function of the college clinical instructors in each affiliating school to develop there

committees to establish the means by which student nurse study and experience in the hospital can be more meaningful in terms of total nursing care with special emphasis on the health teaching activities. Each Field Curriculum Committee should include an instructor, supervisor, head nurse, staff physician, interne-physician, social worker, dietician, and two students.

The eventual agenda of the Field Curriculum Committees should cover the subjects described in the following paragraphs.

The possible need for providing class instruction for students from School A as separate from other students with different preparational backgrounds[13] should be determined.

Study should be made of the continuity of contact with individual patients with reference to the length of time for assignment to wards and to patients.[14] This should contribute to the establishment of types of assignment that provide opportunity for the development of skill in teaching patients as well as comprehension of other factors essential in total care. Outpatient departments as well as wards should be studied. Agency G has already shown the use of such assignments.

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13 Leonard, Opus cit.

14 Myrtle Ford, "A Study of the Nurse Patient Relationships As it Influences Health Teaching", (unpublished Service Paper for Partial Requirement for the Masters' Degree, Western Reserve University, 1941.)

Analysis should be made of information and student experience basic to health teaching so that planning can be done to avoid the over use of certain common subjects and the neglect of others.

Critical examination of the living and working conditions of the students should determine whether or not they need adjustment to be consistent with the promotion of sound physical and mental health for students.[15]

Recommendations for the appointment of a public health nursing integrator for each hospital should be made.[16]

The preparation of materials that demonstrate how agreement can be reached by doctors, nurses and others on teaching facts and responsibilities should be undertaken.[17]

Implementation of increased and stabilized use of methods for building health teaching skills[18] should be attempted. The methods should include individual guidance and supervision of student teaching contacts with patients, experiment with the tutorial system, and observation of skilled teachers.

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15 Joint Committee National Education Association and American Medical Association, Health Education(2nd revision, Washington: National Education Association, 1941), pp. 296-301.

16 Joint Committee National League of Nursing Education and National Organization for Public Health Nursing, "Faculty Preparation in the Health and Social Components of Nursing", Public Health Nursing 37: 348-352, July, 1945.

17 Chayer, Opus Cit., p. 217.

18 Ibid, p. 411.

The collection and promotion of audio-visual aids[19] that can be used by students when indicated in the teaching of patients should be attempted. These should include models, pictures, pamphlets, and items of household equipment that are essential for the performance of certain procedures in the home.

Collection should be made of health education literature resources complementary to those used in the college portion of the program.

In cooperation with the college faculty, seminars on problems of patient care with special emphasis on health educative aspects should be planned and conducted.

Criteria should be developed for evaluating patient teaching done by student nurses. Cooperatively with the college faculty, systems for continuously evaluating the effectiveness of the program should be devised.

In addition to the foregoing activities undertaken with the Field Curriculum Committee, the College Clinical Instructor should work closely with the administration of the hospital and the hospital school for the implementation of recommendations. Encouragement should be given to the stronger

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19 Ibid, p. 411.

establishment of programs for nurse referral for home nursing care[20] and total hospital efforts to promote the education of its patients.[21] An interesting development would be the hospital appointment of a health education consultant.

The college clinical instructor should also make every effort to contribute to the nursing staff education program in the hospital for the purpose of remedying the weak preparation for health teaching that was shown by many head nurses.

Further college and clinical field cooperation. The faculty of School A should endeavor to plan for and provide offerings in its programs for graduate nurses that will meet the needs of the hospital head nurse group. (It already makes considerable provision for the preparation of public health nurses and some for head nurses.)

Joint action among the collegiate nursing school faculty members remaining at the college and the college clinical instructors should lead to the determination of

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20 Panel Discussion, "Using Community Facilities for Better Patient Care", Fifty-third Annual Report of the National League of Nursing Education, (New York: 1947), pp. 209-213.

21 Esther Lucille Brown, Nursing For the Future (New York: Russell Sage Foundation, 1948), p. 29.

desirable revision[22] of time and sequence of hospital and agency affiliations consistent with the establishment of experiences that will provide a sound preparation for nursing activities including health teaching.

Summary. To summarize, it is recommended that all possible provisions be made for cooperative action by all persons concerned with the education of student nurses from School A with leadership by the college in emphasizing the health teaching functions of nurses and the approved methods for preparing students to perform those functions.

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22 Report of the National Health Assembly, "Health Is Everybodys' Business", American Journal of Nursing, 48: 405, June, 1948.

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APPENDIX A

QUESTIONNAIRES

QUESTIONNAIRE I

For Instructors of Nursing Courses

Name_____Subject_____

Hospital_____Hours for Course_____

1. Does your course have a stated objective for the preparing of student nurses to teach health facts and health practices to patients? Yes__No__

Where stated (check)
School catalog_____
Course outline_____
Name other places_____
Please quote the objective here:

2. Does your course have a stated objective for the interpretation of social influences affecting health? Yes__No__

Where stated (check)
School catalog_____
Course outline_____
Name other places_____
Please quote the objective here:

3. Does your course contribute to the health information possessed by the student nurse? Yes__No__

What percent of the total course (estimated)

List example types of health information

_____

_____

_____

_____

_____

_____

4. Is emphasis placed on the need and desirability of teaching health for social reasons?

   A. By the nurse instructor

   often__occasionally__seldom__no__

   Example:

   B. By the physician instructor

   often__occasionally__seldom__no__

   Example:

   C. By other instructor
   Name his profession_____

   often__occasionally__seldom__no__

   Example:

5. Is a planned effort made to emphasize subjects in which patients frequently need instruction?

   often__occasionally__seldom__no__

   Examples:_____

   _____

   _____

6. Do you describe methods for teaching patients in specific situations and interpret the principles underlying the teaching methods?

   often__occasionally__seldom__no__

7. Are class demonstrations of the teaching of patients used?

   A. Patient teaching the primary objective

   often__occasionally__seldom__no__

   Example:

   B. Patient teaching a contributing objective

   often__occasionally__seldom__no__

   Example:

8. Do students participate in class demonstrations of teaching?

   often__occasionally__seldom__no__

9. Do students give return demonstrations of patient teaching in actual clinical situations under the supervision of this course instructor?

   often__occasionally__seldom__no__

   Example:

10. As a part of this course do students make written plans for patient teaching? Yes__No__

11. Are students in this course given reading assignments that emphasize health teaching content or method? Yes__No__

    Example:

12. Are visits to health and social agencies included in this course? Yes__No__

Name them:_____

_____

_____

13. Are any methods not mentioned above used by you to promote the preparation of the student nurse as a teacher of health? Yes__No__

What methods?

14. How would you describe the quality of health teaching done by the average Simmons student in your hospital?

good___fair___weak___
no basis for answer_____

A. What factors do you believe have influences the result you have indicated above?

15. Have you studied

Principles and Methods of Teaching_____

Psychology of Learning _____

Health Education _____

Public Health Nursing _____

Other Public Health Subjects _____

16. Has the instructor interviewed given the impression of

enthusiasm for health teaching_____

moderate interest _____

lack of interest _____

dislike or rejection _____

QUESTIONNAIRE II

For Supervisors of Ward Instruction

Name_____Hospital_____

1. Does the ward instruction program have a stated objective for preparing student nurses to teach health facts and health practices to patients? Yes__No__

   Where stated:
   catalog___
   program outline___
   Please quote objective here:

2. Does the ward instruction program have a stated objective for the interpretation of the social influences affecting health? Yes__No__

   Where stated:
   catalog___
   program outline___
   Please quote objective here:

3. Do ward classes include information which can be used in teaching patients?

   often__occasionally__seldom__no__

   A. Subject examples:

   _____

   _____

   _____

   _____

   _____

B. Estimate what per cent of ward teaching time is devoted to such material _____%

4. How many hours of planned ward teaching per week take place under your supervision?

_____ hours per week

5. How many hours per week of ward teaching per student?

_____ hours per week

6. Is emphasis placed on the need and desirability of teaching health for social reasons?

often__occasionally__seldom__no__

Example:

7. Is a planned effort made to emphasize subjects in which patients frequently need health instruction?

often__occasionally__seldom__no__

Example:

8. Do ward instructors plan to describe methods for teaching patients in specific situations and interpret the principles underlying the teaching methods?

often__occasionally__seldom__no__

Example:

9. Are ward class demonstrations of the teaching of patients used?

A. Patient teaching the primary objective

often__occasionally__seldom__no__

Example:

B. Patient teaching the contributing objective

often__occasionally__seldom__no__

Example:

10. In ward classes, do students participate in the demonstrations of teaching patients?

often__occasionally__seldom__no__

11. Do students give return demonstrations of patient teaching in actual clinical situations?

often__occasionally__seldom__no__

Supervised by:

a. supervisor of ward instruction __
b. assistant supervisor of ward instruction __
c. clinical supervisor __
d. head nurse __
e. assistant head nurse __
f. staff nurse __

12. As a part of the ward instruction program, do students make written plans for teaching patients?

often__occasionally__seldom__no__

13. Does the public health nursing integrator

a. cooperate in planning instruction? Yes__No__

b. participate in ward instruction? Yes__No__

14. In writing nursing care studies, is the student nurse expected to include an account of the patient's health teaching needs and methods of meeting those needs?

Yes__No__

A. Does the student nurse fulfill the above expectations in writing nursing care studies?

often__occasionally__seldom__no__

15. Are any methods not mentioned above used by you to promote the preparation of the student nurse as a teacher of health?

often__occasionally__seldom__no__

What methods?

16. How would you describe the quality of health teaching done by the average Simmons student in your hospital?

good__fair__weak__
no basis for answer____

What factors do you believe have influenced the result that you have indicated above?

17. Have you studied

Principles and Methods of Teaching_____

Psychology of Learning _____

Health Education _____

Public Health Nursing _____

Other Public Health Subjects _____

18. Has the instructor interviewed given the impression of

enthusiasm for health teaching_____

moderate interest _____

lack of interest _____

dislike or rejection _____

QUESTIONNAIRE III

For Public Health Nursing Integrators

1. Does the description of the responsibilities of your position include the function of aiding the preparation of the student nurse to teach health facts and health practices to patients? Yes__No__

   Where found:

   Please quote:

2. Does your position have the stated function of aiding all workers in the basic curriculum with the interpretation of the social influences affecting health? Yes__No__

   Where found:

   Please quote:

3. Do you function as an advisor on the social and health aspects of nursing to course instructors?

   All__some__none___

   Determining factors:

4. Do you function as an advisor on the social and health aspects of nursing to ward instructors?

   All__some__none___

   Determining factors:

5. Do you actively take part in the teaching of Simmons students?

A. Courses - please name | In part | Complete

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

B. Ward teaching programs All__some__none__

1. Which departments:

_____ often__occasionally__seldom__

_____ often__occasionally__seldom__

_____ often__occasionally__seldom__

_____ often__occasionally__seldom__

6. Do you promote demonstrations of patient teaching?

A. By helping others to plan them?

often__occasionally__seldom__no__

Departments:

B. By giving them yourself?

often__occasionally__seldom__no__

Departments:

7. Do you promote student demonstrations of patient teaching?

A. Guide others in their supervision

often__occasionally__seldom__no__

Departments:

B. Supervise them yourself

often__occasionally__seldom__no__

Departments:

8. Do you take part in conferences with students concerning the teaching of patients?

often__occasionally__seldom__no__

Departments:

Circumstances:

9. Do students submit to you written plans for patient teaching?

often__occasionally__seldom__no__

Circumstances:

10. Do you assign to students reading that is primarily concerned with the teaching of patients?

often__occasionally__seldom__no__

Example:

11. Are you active in the program for referral to home nursing agencies? Yes__No__

12. Do students take an active part in the referral program? Yes__No__

13. What other activities of your position promote knowledge and skill in health teaching for students?

14. How would you describe the quality of health teaching done by the average Simmons student in your hospital?

good___fair___weak___
no basis for answer_____

A. What factors do you believe have influenced the result you have indicated above?

15. Have you studied

Principles and Methods of Teaching_____

Psychology of Learning _____

Health Education _____

Public Health Nursing _____

Other Public Health subjects _____

16. Has the instructor interviewed given the impression of

Enthusiasm for Health Teaching _____

Moderate Interest _____

Lack of Interest _____

Dislike or Rejection _____

QUESTIONNAIRE IV

Hospital Head Nurses

Name_____Ward_____Hospital_____

Bed capacity_____Average number of student nurses_____

1. Do your duties include the teaching of student nurses on the ward? Yes__No__

2. Are you responsible for the planning of the ward teaching classes that take place on your ward? Yes__No__

3. Do ward teaching periods include an interpretation of the teaching needs of certain patients?

often___occasionally___seldom___no___

Example:

4. Do ward teaching periods include specific discussion of the methods of teaching patients?

often___occasionally___seldom___no___

Example:

5. Do ward teaching periods include demonstrations of patient teaching?

A. Demonstrated by you?

often___occasionally___seldom___no___

Example:

B. Demonstrated by students?

often___occasionally___seldom___no___

Example:

C. Demonstrated by other person?

often___occasionally___seldom___no___

Who?

6. Do students consult you concerning their teaching plan for patients?

often___occasionally___seldom___no___

Example:

7. How often do you supervise students while they are teaching patients?

_____times per week

_____less than once a week

_____infrequently

_____never

8. When writing student reports, on what basis do you evaluate a student's accomplishment in teaching patients?

A. Anecdotes from your supervision__Average no. of anecdotes
B. Reports of assistant head nurse__ ____
C. Reports of staff nurse____
D. Reports from patients____
E. Conference with students____
F. General observation___
G. Other_____

9. Do you plan student assignments for patient care according to their needs for experience in patient teaching?

often__occasionally__seldom__no__

10. Do you participate in the hospital referral system for home nursing care? Yes__No__

11. Do your students participate in the referral system? Yes__No__

12. What other activities on your ward help to prepare the student nurse as a health teacher?

Explain:

13. On your ward what other members of the school or hospital staff contribute to preparation of the student nurse for health teaching?

Position	Example
_____	_____
_____	_____
_____	_____

14. Do you seek the assistance of the public health nursing integrator when preparing for ward teaching?

often___occasionally___seldom__no__

A. If sought, do you get help? Yes__No__

15. How would you describe the quality of health teaching done by the average Simmons student on your ward?

good__fair__weak__
no basis for answer____

A. What factors do you believe have influenced the result that you have indicated above?

16. Have you studied

Principles and Methods of Teaching_____

Psychology of Learning _____

Health Education _____

Public Health Nursing _____

Other Public Health Subjects _____

17. Does the head nurse interviewed give the impression of

Enthusiasm for Health Teaching _____

Moderate Interest _____

Lack of Interest _____

Dislike or Rejection _____

QUESTIONNAIRE V

For College Instructors

Name_____Course_____Credit for Course

1. Does your course contribute to the health information possessed by students in the N-I program? Yes__No__

   What per cent of total course (estimated) _____%
   Any comment:

2. Does your course attempt to give emphasis to the social issues affecting health? Yes__No__

   What per cent of total course (estimated) _____%
   Any comment:

3. Does your course include teaching concerning the learning process? Yes__No__

   What per cent of total course (estimated) _____%

4. Does your course include planned visits to health and social agencies? Yes__No__

   Please name them:

5. Does your course include a consideration of social factors affecting learning? Yes__No__

   What per cent of total course (estimated)

6. Does your course include demonstrations of teaching?

   A. by instructor Yes__No__
   B. by students Yes__No__

7. Does your course include demonstrations of health teaching?

A. by instructor Yes__No__
B. by students Yes__No__

8. Does your course include the requirement that students make written plans for

A. Health Teaching Yes__No__
B. Other Teaching Yes__No__

9. Are any methods not mentioned above used by you to promote the preparation of the student nurse as a teacher of health? Yes__No__

What methods?

10. Do you believe that student nurses feel that health teaching is an important social concern? Yes__No__

Basis for answer: no basis for answer__

11. Do you believe that student nurses frequently attempt to teach health facts and health practices to others? Yes__No__

Basis for answer no basis for answer__

12. Do you believe that student nurses effectively teach health facts and health practices to others? Yes__No__

Basis for answer: no basis for answer__

13. Have you studied

Principles and Methods of Teaching Yes__No__

Psychology of Learning Yes__No__

Health Education	Yes__No__
Public Health Nursing	Yes__No__
Other Public Health Subjects	Yes__No__

14. Has the instructor interviewed given the impression of

Enthusiasm for health teaching	_____
Moderate interest	_____
Lack of interest	_____
Dislike or Rejection	_____

QUESTIONNAIRE VI

For Public Health Nursing Supervisors

Name_____District_____Agency_____

1. Does the student instruction program, as carried out by your organization, have a stated objective for preparing a student nurse to teach health facts and health practices to patients? Yes__No____
   Where stated:
   Program outline_____
   Teaching manual_____
   Please quote the objective here:

2. Does the student instruction program, as carried out by your organization, have a stated objective for the interpretation of the social influences affecting health? Yes__No___
   Where stated:
   Program outline____
   Teaching manual____
   Please quote the objective here:

3. Do student conferences held in your district office contribute to the health information possessed by the students? Yes__No___
   What per cent of the total conference time? (Estimated) _____%
   List example types of health information

   _____

   _____

   _____

   _____

4. How many hours of planned student teaching take place under your supervision?
   ___conference hours per week

   ___ supervised home visits per week

5. How many yours of planned teaching take place for each student?

____conference hours per week

____supervised home visits per week

6. Is emphasis placed upon the need and desirability for teaching health for social reasons?

often___occasionally__seldom__no__

Example:

7. Is a planned effort made to emphasize subjects in which patients frequently need instruction?

often__occasionally__seldom__no__

Example:

8. Do you describe methods for teaching patients in specific situations and interpret the principles underlying the teaching methods?

often__occasionally__seldom__no__

9. Are office demonstrations of the teaching of patients given in the presence of students?

often__occasionally__seldom__no__

Example:

10. Do students participate in office demonstrations of teaching patients?

often__occasionally__seldom__no__

Example:

11. Are demonstrations of patient teaching given in patient's homes in the presence of students?

often__occasionally__seldom__no__
number of times per student?_____

Example:

12. Do students give return demonstrations of patient teaching in patient's homes?

often__occasionally__seldom__no___
number of times per student?_____

Example:

13. Is student teaching of patients observed by:

supervisor _____
assistant supervisor _____
staff nurse _____
other_____

14. As a part of the student instruction program, do students make written plans for teaching?

Yes___No___

Circumstance:

15. In writing case records, is the student expected to indicate the patients' need for health teaching?

Yes___No__

A. Do students indicate these needs when writing records?

often___occasionally___seldom___no___

16. In writing case records, is the student expected to indicate the methods by which health teaching is approached? Yes___No___

A. Do students indicate methods when writing records?

often___occasionally___seldom___no___

17. When writing a student's final report, on what basis do you evaluate his accomplishment in the teaching of patients?

A. Anecdotes from supervised practice____

1. number of visits yielding anecdotes___ average

B. Reports from patients_____

C. General observation_____

D. Reports from assistant supervisor_____

E. Reports from staff nurses_____

F. Conferences with student_____

G. Patients' records written by student_____

18. Do you plan student's assignments for patient care according to their needs for experience in patient teaching?

often___occasionally___seldom___no___

19. Do you participate in the Hospital Referral System for home nursing care? Yes__No__

20. Do students participate in the hospital referral system for home nursing care? Yes__No__

21. What is your impression of the preparation for health education that students have received previous to the experience with your agency?

good___fair___weak___

A. What factors do you believe have influenced the result you have indicated above?

22. How would you describe the quality of health teaching done by the average student with your agench?

good___fair___weak___

A. What factors do you believe have influences the result you have indicated above?

23. Have you studied

Principles and Methods of Teaching _____

Psychology of Learning _____

Health Education _____

Public Health Nursing _____

Other Public Health Subjects _____

24. Has supervisor interviewed given the impression of

enthusiasm for health teaching _____

moderate interest _____

lack of interest _____

dislike or rejection _____

APPENDIX B

PLANS FOR OBSERVATION IN PUBLIC HEALTH NURSING

GREATER BOSTON NURSING COUNCIL

OBJECTIVES OF THE STUDENT NURSE'S ONE DAY OBSERVATION WITH A COMMUNITY AGENCY

Sub-Committee on Integration of the Social
and Health Aspects of Nursing in the Basic Curriculum

Central Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

Contributing Objectives

1. To understand better the patient as an individual, his relationship to the family, and such other factors as may affect his physical, emotional, and social well-being in the hospital, home, and community.
2. To develop an appreciation of the nurse's role in the continuity of medical care, including the prevention of disease, and promotion of physical and mental health.
3. To see at first hand a day's work of a nurse in a community agency and to gain a better appreciation of the contribution of the agency.
4. To increase awareness of the interrelationships of

health and social agencies.

5. To develop further an awareness of community life and problems peculiar to the geographic area observed by the student.

Approved by the Committee to Consider Observation and Affiliation for Students and Graduates in Public Health Nursing - October 21, 1948.

PREPARATION FOR THE OBSERVATION

Each student should have:

I. A knowledge of the objectives of the experience with an understanding of the purpose, planning, and application of the observation program in the Greater Boston area.

II. Some understanding of the individual and the family in community life.

III. General knowledge of community services and facilities for the promotion of public well-being.

A. Adequate housing and community sanitation the private and public agencies

B. The Fire and Police Departments and the Boston Protective Association

C. Shopping Facilities for food, clothing, etc.

D. Educational facilities including schools, libraries.

E. Rehabilitation facilities and settlement houses

F. Religious facilities

G. Recreational Facilities

H. Social agencies--the general purpose of such agencies

I. Health agencies and facilities

1. The private physician

2. The dentist and dental clinics

3. Medical care in clinics and other plans for those unable to afford private care.

4. Hospitals and Out Patient Departments

5. Rehabilitation Centers

6. Health Units

7. Convalescent, nursing, Foster, and Baby Boarding Homes

8. Nursing services including public health nursing
   a. Knowledge pertaining to the field of Public Health Nursing - An organized service to all the people in the community necessitating physicians' approval and orders.

      A nursing service cooperating with all the health and social agencies in the community.

J. Referral plans

IV. A knowledge of the Public Health Nursing Agencies to be visited.

A. City of Boston, Department of Health

1. A summary of the history of the Department of Health

2. The organization of the department - the type of agency - the finalcial support of that agency

3. Health Units, Purpose and History

4. The responsibilities of the department as delagated by law

   a. Communicable disease control including venereal disease.

   b. Housing and Sanitation - Food Division and Milk Inspection

   c. Child Health supervision

   d. Tuberculosis services - Massachusetts x-ray program

e. Health Education

f. Vital Statistics

g. Licensing

h. Nutrition

i. Bacteriological Laboratory

j. Dental clinics

k. Eye clinics

l. Brighton Abattoir

5. The Division of Public Health Nursing

a. The size of the staff

b. The functions of the Public Health Nurses in assisting with the department's responsibilities

Supervision and teaching in the home

Participation in group supervision and teaching
- Well Baby conferences
- Tuberculosis clinics
- Dental clinics

Supervision and teaching in the schools
- Nursery schools
- Parochial schools
- Day schools
- Accompanying patients to Tuberculosis Sanitoria

B. The City of Boston, Department of School Hygiene, Nursing Division

1. A summary of the history of the agency
2. The organization of the agency
   - type of agency
   - financial support
   - the size of the staff
3. The responsibilities of the department as delegated by law

4. The part of the school nurse in the overall school health program

   a. Health Service (refer to School Nursing policies) Health education, Health appraisal, Health inspection, Health protection, and follow-up

   b. Provisions for heathful school living
      Healthful school environment
      Factors: lighting, heating, sanitation, ventilation, seating (child with physical handicap should be seated advantageously in classroom or placed in a class of specialized instruction.)

   c. Hygienic arrangement of school day is made so that:
      The child may live heathfully from a physical, social and emotional standpoint.
      Work demanding the greatest concentration is done in the morning.
      Mid-morning milk is served daily and a hot noon luncheon is served in Junior High Schools.

   d. Classes of Specialized Instruction
      Sight Conservation, Lip reading, Speech improvement, Remedial Reading, Special classes for the mentally retarded, Home instruction for the handicapped child unable to attend school.

   e. Physical Education program

   f. Health and Safety program

   g. Other activities
      Conferences and referrals by the school nurse.
      Special school department cares for the child presenting emotional or social maladjustment.

C. The Visting Nurse Association of Boston

   1. A summary of the H isotry of the Agency

   2. The reorganization of the agency
      type of agency
      financial support
      patient's fees
      the size of the staff

3. The services offered to the community

   a. Skilled nursing care to the sick in their homes
   b. Instruction in the prevention of illness and family health problems
   c. The promotion of health in any way possible
      Morbidity Nursing service--acute and chronic
      Maternity Nursing Service--antepartum, Intrapartum and Postpartum care.
      Mothers' clubs
      Orthopedic Nursing Service
      Nutrition teaching including foor classes
      Occupational therapy
      Mental Hygiene
      Social Hygiene
      Special services

V. A comprehension of the outstanding health and social problems in the City of Boston

   a. The infant mortality rate

   b. The tuberculosis rate

   c. Educational achievement in the Boston community

   d. Other indices
      See: Teaching aids--Maps
      Boston's Health in 1946

VI. Specific directions and information for the experience.

GREATER BOSTON NURSING COUNCIL

Committee on Integration

The Experience Provided by Each Community Agency for the Student Nurse's One Day Observation

(Outline B)

Introductory Statements

Each community agency assumes that each student nurse will have been given the content of Outline A (The Preparation of the Student Nurse by the School of Nursing for the One Day Observation with a Community Agency) before the observation experience.

Each public health nurse should be informed to the following facts regarding the student who is to observe:

The student's name.

Year in the School of Nursing.

The hospital services on which the student has had experience.

The courses completed or taking concurrently--closely related, such as, sociology, psychology, sanitation, etc.

It is suggested that each student be given a mimeographed form to fill out at the time of her orientation in the school of nursing and that this form be presented by the student or mailed to the public health nurse.

Each public health nurse with whom a student is to observe should have essential information regarding:

1. Policies and procedures of the agency.

2. Standards for nursing techniques and nursing care.

3. The objectives and the total program plan of the one day observation for student nurses.

4. Background of the observer. (see above)

5. The date of observation -- advance notice so that she may plan her work.

Each agency and /or each nurse with whom the student obsebves is to evaluate the situation and decide the amount of time to be spent for the orientation of and the terminal conference with the student -- from thirty to sixty minutes. In order to minimize the time spent in conference with the student, problems which can be discussed by the public health nursing integrator should be referred to her.

The following experience provisions have been presented to the committee by representatives from each agency:

1. <u>City of Boston, Department of Health, Nursing Division</u>

   A. Orientation conference may be held by the supervisor or a staff nurse and is not to exceed twenty minutes.

      1. Brief explanation of the general set-up and introduction to personnel as needed.

      2. Highlights of the geographic area to be observed. i.e. Housing and population problems peculiar to the district.

      3. Sourses of referrals.
         i.e. Birth Certificates
         Premature Infants
         Sherborn Reformatory
         Communicable Disease
         Tuberculosis
         Schools
         Inter-agency Referrals

4. Financial support.

5. The Nursing Division as only a part of the total Health Department Program.(Use of Poster)

6. Activities delegated by law.

   a. Diseases dangerous to public health
   b. Prematurely born infants
   c. Diagnosis and treatment for tuberculosis
   d. Public School Laws - adhered to by Parochial Schools
   e. Laws governing housing -sanitation - food

B. Visit to Parochial School or Nursery School.

C. Home Visits - At least three visits and more, if possible.

   1. <u>Preparation for home visits</u>.

      a. Selection of case for observation.

         1. Type of cases for observation.

            a) Child Hygiene — Infant, Preschool, School child

            b) Tuberculosis — New cases, Old arrested case, Preparation for Sanatorium care

            c) Communicable Diseases - (According to daily list)

            d) It is suggested that selection be made in a family where more than one service is represented.

         2. Selection should be made according to the following:

            a) Social and environmental aspects affecting the health of the family. (Avoid the most discouraging type)

b) The interest of the patient and family and their attidude towards teaching.

c) Patient or family known to the observer or cared for by the observer in a particular hospital.

d) Consideration should be given to the observers level in the school of nursing.

e) Consideration should be given to the importance of first impressions of undergraduates who are having this experience for the first time.

b. Preparation for observation

1. Brief explanation by the Public Health Nurse and the purpose of her visit.

a) Policy and procedure for visiting
Communicable Disease
Tuberculosis
New Infants
Clinic Children
Parochial Schools
Contacts with other agencies

2. Observer to read record of family to be visited.

3. Explain the plan for individual patient by whom referred, brief review of previous visits and why visits are necessary. Explain the importance of gaining the confidence of the family for long time supervision and teaching.

4. Observation of preparation for visit, bag, records, literature for teaching purposes.

5. Conference en route to the home may include:

a) Explanation of district in which patient lives.

b) Encouragement of observer to ask

questions and give impressions to clear up confusions.

2. The Home Visit

   a. Introduction of the visitor, explaining that the observer is a nurse and what hospital she is from.

3. Conference after home visit

   a. Call the attention of observer to the purpose of the nurse in directing conversation.

   b. Reveal awareness of particular problems and reasons for not speaking about them during the visit.

   c. Explain why it is important to gain the confidence of the family for continued health supervision and teaching for long periods of time.

   d. Ascertain when possible the general impressions that the nurse has before she returns to the hospital.

   e. Give the necessary interpretations.

D. Well Baby Conference

   1. Student to observe each activity.

      a. Admissions
      b. History Taking
      c. Weighing and Measuring
      d. Physical Examination
      e. Immunizations
      f. Vaccination Readings
      g. Nurse instruction in interpreting physician's orders of any other teaching activity in clinic.

E. Tour of Health Unit with brief explanation of interrelationship of health and social agencies.

F. Conference with students by supervising nurse (not to exceed thirty minutes).

   1. Discussion of day's observation in the light of the objectives.

2. Clear up any misconceptions.

3. Questions to be answered. If time does not permit this, questions to be referred to the hospital public health nursing integrator.

II. City of Boston, Department of School Hygiene, Nursing Division

A. Observation -- Observation of the following school nursing activities depends on the program for the day.

1. In the School
   a. Nurse-Teacher relationships
   b. Classroom inspections
   c. Physical examinations
      (1) Assistance with School Physician
      (2) Weighing and measuring
      (3) Vision and hearing testing
      (4) Immunizations
   d. Nurse-parent-pupil conferences
   e. First Aid
   f. Dental care
   g. Classes for specialized instruction (if in building)
      (1) Eye conservation
      (2) Speech Improvement
      (3) Lip Reading
   h. Audiometer testing

2. In the Home

   At least two home visits (with different reasons when possible).

3. In the Community

   Visits to S ocial and Health Agencies (when the occasion arises).

B. Conference with student by the school nurse.

1. Explanation of practical application of policies and procedures.

2. Referral system.

3. Recall of the objectives of the student's visit.

4. Review of the student's notes.

III. The Visiting Nurse Association of Boston

A. Orientation of Observer to V.N.A.

1. Introduction to office staff by supervisor or assistant as indicated.
2. Conference with supervisor, assistant supervisor, or senior staff nurse, with coverage of the following:

a. Brief explanation of general set-up
b. Highlights of particular district - i.e. housing, population, problems peculiar to that area, etc.
c. Philosophy of fee policy
d. The significance of nurse-patient relationship in the home in contrast to that in the hospital.
e. The public health nurse in family health service.

Note: Conference time not to exceed 30 minutes.

B. Selection of Cases for observation.

1. Observation to be provided for the following:

a. Nursing care of home patient - acute and/or chronic.
b. Preparation of mother and family for new baby.

2. Factors influencing case selection:

a. Provision for opportunity to observe
(1) Good teaching-learning situations
(2) Social factors influencing family health (most discouraging types to be avoided when possible).
(3) Patients who have been or are under the medical supervision of the observer's hospital.
(4) Families known to other social agencies in the community.

b. The type of observer.
   Consider student's level in the school.
c. Recognition of the importance of first impressions upon the observer.

C. Staff Nurse Responsibility

1. Brief explanation of preparation for field visits - calls to social service worker, LMD, etc.
2. Guide observers in reading records of cases to be visited.
3. Explanation of plan for individual family - how case is referred, why visits are necessary.
4. Demonstrate bog preparation for field visit.
5. Conference en route to home may include:
   a. Explanation of district in which patient lives.
   b. Review of specific family about to be visited - how referred, plan for visit and need for exchange of information with hospital or other agencies.
   c. Encourage observer to ask questions.
   d. Call the attention of observer to purpose of nurse in directing conversation. Explain why attention directed to some things while other important things seemingly overlooked.

D. The Home Visit

1. Introduction of visitor to family, explaining who the observer is and where she is from.
2. Allow observer to participate or assist whenever advisable.

E. Conference after Home Visit

1. Whenever possible, the conference should be conducted by supervisor, assistant supervisor or senior staff nurse. Determined according to the amount of travel time involved.

2. Content of conference

   a. Brief review of objectives.
   b. Observer encouraged to discuss observation day. When possible, general impression gained to be ascertained.
   c. Clarification and interpretation of points not clear to observer.

December, 1948.

PLAN FOR CONFERENCE FOLLOWING ONE DAY OBSERVATION IN PUBLIC HEALTH AGENCY

Objectives:

I. To correlate recent learning or understanding with knowledge of socio-economic factors of the community as they affect optimum health.

   A. To bring to the student a breadth of understanding which would serve to assist her in implementing the social and health aspects in "hospital" patient care.

II. To clarify, in so far as is possible or expedient, areas of activity of the public health nurse observed but not fully understood.

   A. To correct or alter impressions gained during the observation which reflect mistaken interpretations of responsibilities of activities of the public health nurse.

Plan:

Conference with three to four students who have completed the experience within the past month.

Conference to be held one week following day of observation of last assigned student in any given month.

At least one hour to be allocated for this conference.

Conference Plan:

   A. Introductory remarks relative to continuity of medical care including nursing service - comprehensive nursing care.

   B. Brief resume of each paper submitted to be presented by instructor.

1. Concentration of areas of activity covered by public health nurse.
2. Special attention directed to "interpretation" of activity by student.
3. Consideration of any indication of "evaluation" of service (quality of service per se not to be included but rather the value of the service in meeting a specific need).
4. Clarification of questionable interpretations of service or purpose of service.

C. Comment by student relative to her own experience-may or may not be directly related to specific content of paper submitted.

D. Discussion of patient care situations that student is currently experiencing.

Situations:
1. Actual bedside care
2. Ambulatory period in hospital
3. In out-patient department

Patient Reaction:
1. Awareness of needs
2. Indications of learning
3. Failure to accept learning
   a. Rejection
   b. Inability to accept responsibility for self care.

Nurse's activities that contribute to meeting the total needs of the patient other than physical supportive and therapeutic measures.
1. Plans adapted to specific needs of patient
2. Utilization of referral system
   a. Special departments within hospital
   b. Other community institutions or organizations

E. Summary
Need for critical individualized observation, interpretation and planning regarding patient care.